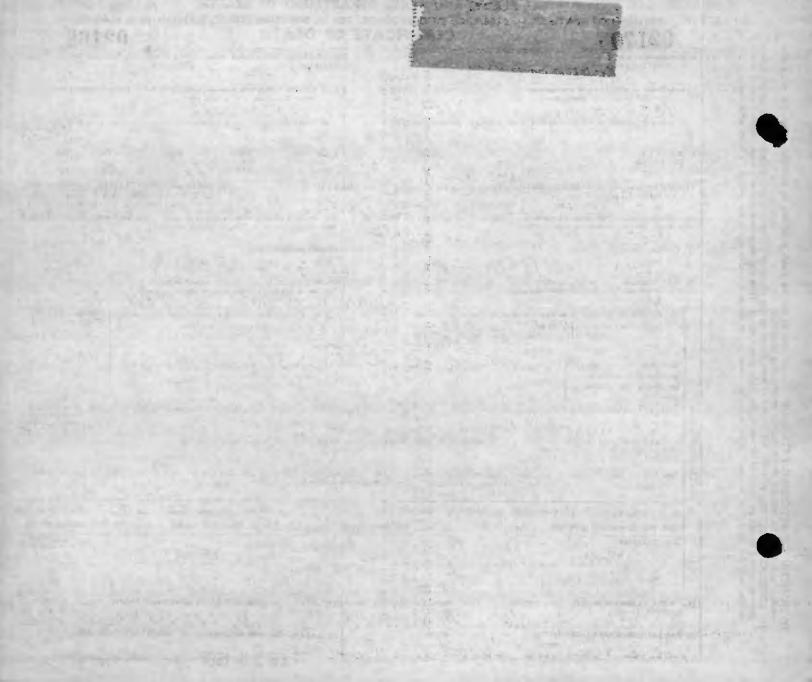
PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, If Institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town write RURAL and give nearest town) OR INSTITUTION (it not in hospital, give street address) IS RESIDENCE ON A FARM YES NOTE 3. NAME OF 4. DATE Middle Month DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years | last birthday) Months Days Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 16, SOCIAL SECURITY NO. | 17. INFORMA Address [Yas, no, or unkown) | (If yes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gaya rise to immediata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, larm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. el work at work p.m. 19. Le. I, and that death occurred at 1 M, from the causes and on the date stated above. saw the deceased alive on..... DATE 220. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN (Stala) 23c. NAME OF OR CREMATORY 23b. BURIAL, CREMATION, 23b. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7-62



2. Taren

AIL	02172 MEDICAL EXAMI	INER'S	CERTIFICATE OF	F DEATH	2168
DEPT.	PLACE OF DEATH o. COUNTY Frederick MA	RYLAND	2. USUAL RESIDENCE (W	here deceosed lived, if institution b. COUNTY	
tate Department at	b. CITY'DR TOWN (If outside corporate limits, c. LENGTH OF STAY C. LENGTH OF STAY C. LENGTH OF STAY	Y IN 1b		side corporate limits, write RURAI $oxville, R.F.$	D.#I 10-1
od ne ne ne	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO.4
3	NAME OF DECEASED (Type or print) NAME OF First Middle THOMAS		NOLD	4. DATE Month OF 2	Doy Year 27 19 67
1.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCE	CED X	8. DATE OF BIRTH 7/15/1901	6 bst birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
of litter de	io. USUAL OCCUPATION (Give kind of work done pring most of working life, even if retired) INDUSTRY		Maryland		12. CITIZEN OF WHAT COUNTRY?
File pages land 2 2 haurs after deat	Andrew David Arnold			atherine You	
hin 72	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 10. SOCIAL SECURITY ND.		informant ndrew D.Ari	Address nold Braddo	ck Heights, Md
be used as a burial-transit permit. File pages land2 emaval, and in any event within 72 haurs after death	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (ct.) PART I. DEATH WAS CAUSED BY: Congestive		failure		INTERVAL BETWEEN ONSET AND DEATH
remayal, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
10	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	OCCURRED.	(Enter nature of injury in P	Part I or Part II of Item 18.)	
crematian,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While of work at work	20e. PLA foc	CE DF INJURY (Hame, farm, tary, street, office bidg., etc.)	20f. (City or town)	(County) (State)
priar to burial,	21. I certify that I took charge of the remains described death resulted from: Natural couses , Accident [ACTUAL SIGNATURE ROBERT T, THO MEXAMINER'S NAME (Type)	Suid	cide, Homicide CHIEF MEDICAL M.D. ASSISTANT MEDICAL DEPUTY MEDICAL	, Undetermined more	TALL HOUSE ASC. TOLL HOUSE ASC. PICK, Md. 22. DATE SIGNED
Health Health	30 BURIAL CREMATION, 23b. DATE HEREOF 23c. NAME OF CE	EMETERY OR	crematory emetery	23d LOCATION (City or Town	(County) (Stote) Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02173

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4), 20 M 1/66

CERTIFICATE OF DEATH

02100

			11/1/3
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
	o. COUNTY Frederick	MARYLAND	o. STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give necrest town)	Months	Frederick 10-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospito		d. STREET ADDRESS e. IS RESIDENCE
	Frederick Nursing		544 East Church Street YES NO NA FARM?
	NAME OF DECEASED (Type or print) RAMBARA		EST Lost 4. DATE Month Doy Year OF DEATH February 20, 19 67
S.	SEX 6. COLOR OR RACE 7. MARRIE		8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	emale White WIDOWE		August 15, 1882 84 birthdoy) Months Doys Hours Min.
R	ringmest of working life even il retired)	NONE	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Frederick County, Maryland COUNTRY? S.A.
	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
	John Henry Hamilton		Georgana Rebecca Clay Lare
15.	\ \ \ \ \ \ \ \ \ \ \ \		NFORMANT Address
(16	es, ne or unknown) (If yes give wor or dates of service)	217-10-9112 Mr.	Richard Best Route # 5 Frederick, Md.
	Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	Entervischen	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATION	PACI II. OPILA SIGNIFICATI COMMISSION	O TO DIAME DOT THE REAL PROPERTY.	PERFORMED? YES \ NO \
L CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. ((Enter noture of injury in Port I or Port II of item 18.)
MEDICAL	Hour o.m. Wh	d. INJURY OCCURRED 20e. PLAC hile Not While foctor work of work	CE OF INJURY (Home, form, ory, street, office bldg., etc.) A (County) (State)
		ended the deceased fram 19 67, and that	t death accurred at SPM, from causes and an the date stated above.
	220. SIGNATURE POYTH	Pares M.D	
	22c PHYSICIAN'S NAME (Type) Le Roy T.	Davis	228 N. Market Street Frederick, Md.
	b. BURIAL CREMATION, 23b. DATE THEREOF 2-23-1967	23c. NAME OF CEMETERY OR CO	t Cemetery Frederick, Maryland
24	Hobert E. Dailey & Son	ADDRESS Frederick. M	Maryland Date FEB 2 4 1967 Charles Question

gaten 2000 1 000 TOB 35 1 974 197 32 31 4 2 2 2 The state of the s 10 10 04 FOR was as well as the first parents of the following

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MARY DIVISION OF STATISTICAL RESE				RE 1. MARYLAND
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PLACE OF DEATH a. COUNTY Frederick	MARYLAND	e. STATE	vland b. COUNT	Frederick
Frederick	22 Vears	Frederi		0 8
			Court Str	et yes No X
NAME DF First DECEASED	Middle	Last 4.	DATE Month OF DEATH Reb	Day Year
SEX 6. COLOR OR RACE 7. MARRIED Fond Widowed Na. USUAL OCCUPATION (Glye kind of work done. 10b. K	NEVER MARRIED 5 DIVORCED 5 IND OF BUSINESS OR	ant 9.1897	9. AGE (In years last birthday)	Months Days Hours Min.
		Frederick 14. MOTHER'S MAIDEN	Co, Md	U.S.A.
(es, no, or unkown) (If yes give war or dates of service)		INFORMANT	Address	Frederick, Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	VOXIA	kdma in Farctin		INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING 20b. I OR CONTRIBUTING CAUSE OF DEATH				YES NO
20c. TIME OF INJURY Month, Day, Year 20d. I. Hour a.m. While	THUL WILLIE TO	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
saw the deceased alive on ter 16	ed the deceased from <u>for the second for the formal second for the</u>	death occurred at 12 cs	7, to few / 7	, 19 <u>6</u> 7 that (I) (we) last and on the date stated above 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) A. AUSTIN	EARRE JR.			2/12/67
a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2-20-1967	Bartonsvill		Frederic	71
		DATÉ	DI REGISTRAR 250. RE	COLUMN S STRINGTONE
	PLACE DF DEATH a. COUNTY Frederick b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in h 29 South Court Street NAME DF FIRST DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED Name DF WIDOWED DAILSUAL OCCUPATION (Give kind of work done in heart of service) A. USUAL OCCUPATION (Give kind of work done in heart of service) Father's NAME FATHER'S NAME FATHER'S NAME THORY C. BOWIE 5. WAS DECEASED EVER INU.S. ARMED FORCES? (Fes, no, or unknown) (If yes gire war or dates of service) NO ******** 18. CAUSE DF DEATH [Enter only one cause per in heart of the print of the part of the part in heart was caused by: IMMEDIATE CAUSE (a) 18. CAUSE DF DEATH [Enter only one cause per in heart of the part of the p	PLACE DF DEATH a. COUNTY PLACE DF DEATH a. COUNTY Frederick b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South Court Street NAME OF DECRASED (Type or print) NAME OF COLOR OR RACE (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NICHTER NOTIFICATION NO N	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON SCENTIFICATE OF DEATH PLACE OF DEATH a. COUNTY Proderick b. CITY OR TOWN (if outside corporate limits, with Rural and give nearest town) write Rural and give nearest town (if not in hospital, give street eddress) Proderick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South Court Street Proderick RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South Court Street RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Proderick RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South RAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 29 South RAME OF HOSPITAL OR INSTITUTION (if not in hospital) REPORT OR INSTI	PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. COUNT OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. CITY OR TOWN (If outside corporate limits, with a county) b. STAFF D. ACC (In your outside state) b. COUNT OR TOW

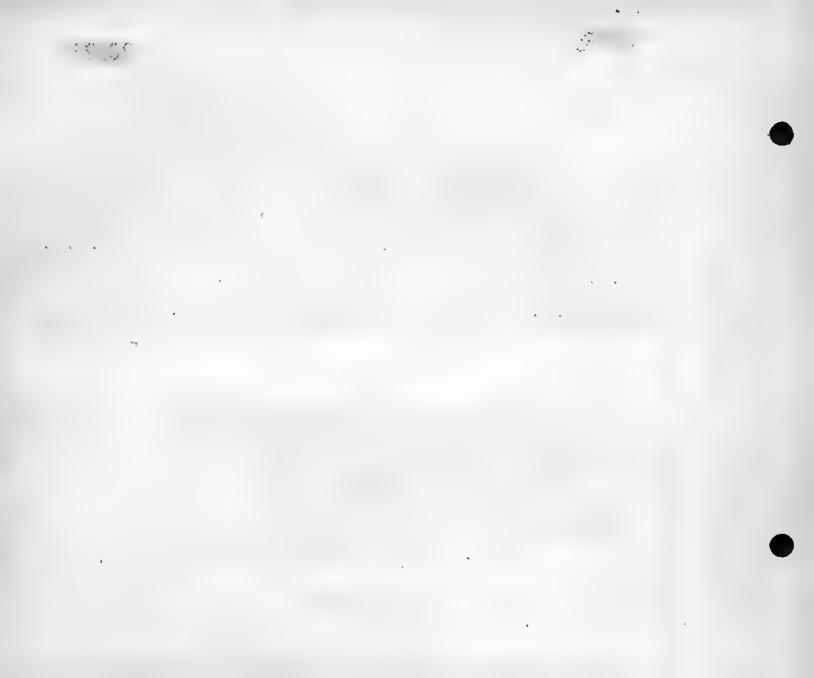


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, functitution: Residence before admission) p COUNTY b. COUNTY 2 State Department of Frederick
b CITY OR TOWN (If auts de corporate limits, Maryland MARYLAND Frederick C. LENGTH OF STAY N. In. c CITY OR TOWN (If autside corporate imits, write RURAL and give nearest tawn) ond write RURAL and give nearest town) M3. Frederick Yellow Springs Hrs d NAME OF HOSPITAL OR INSTITUTION (I not in haspito give street oddress) d. STREET ADDRESS S RESIDENCE ON A FARM? olang with form Give Poges Yellow Springs Road 300 Middle Street YES NO X 3. NAME OF Middle 4 DATE Month Year DECEASED the Type or print) Wilson Butler February 28 DEATH Maxton SEX NEVER MARR ED 6 COLOR OR RACE IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH AGE (In years lost birthdoy Months Doys Hours W DOWED DIVORCED Aug 28,1935 100 USUAL OCCUPATION (G ve kind of work done 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT during most of working life, even if retired)

Truck driver INDUSTRY U.S.A. 46-16-36-16-16-16-16-16 Frederick. Md 13. FATHER S NAME This certificate should be executed within in pencil 14 MOTHER'S MAIDEN NAME Earl Biggus Louise R. Butler 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Frederick. Md (Yes, no. or unknown). (If yes give wor or dates of service) W. Saints St 217-28-5938 Louise B. Henry No 18. CAUSE OF DEATH (Enter on y one couse per time for (o), (b) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY. ONSET AND DEATH ward DUE TO Conditions, if ony, which gove (b) rise to Immediate couse (a), DUE TO stoting the underlying couse forwarded or removal, PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 20a EXTERNAL CAUSE WAS QCCURRED (Enter produce of neury in Port or Part II of item 8) 3 should PR MARY DE OCONTR BUT NG CAUSE OF DEATH 4 should MEDICAL EXAMINER: cremation, 20e PLACE OF NJURY (Home form, 20c TIME OF N.JRY Manth, Day, Year 20d INJURY OCCURRED ty organn) (State) Not While factory, street, office bidg , etc.) YOUF FUNERAL DIRECTOR: Page and derin pleose execute 21 I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my opinion Suicide S director. deoth resulted from. Acc dent Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER Health prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER NAME (Type) idress (Street, city, town, or county) Frederic 230 BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify)
Burial 3-4-1967 Fairview Frederick Fred 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15ME (5) Frederick, Me C.E. Hicks, 111

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02177 O completely filled in by the funeral lobe carban papers. Pages 1 and 2 weent, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY **b.** COUNTY Frederick Frederick MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neglest town) Brunswick d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Infirmary 9East 1C1 Street Montevue YFS NO X NAME OF Middle 4. DATE Month Year Doy DECEASED OF DEATH Louis Capino Cochpenna 6 (Type or print 19 5 SEX 6. COLOR OR RACE DATE OF BIRTH 9 AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remove birthdoy) Months Dovs Hours in any 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even it retired) COUNTRY? (B&O R.R. South Calbera. Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, signed by the attending phy unknown unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) 09/2660 Charles Capino Brunswick, Md. crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use YES NO the haspital ar far 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c TiME OF INJURY Month, Doy, Year (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While of work ot work Page 4 may be retained by 21. I certify that (1) (this haspital) attended the deceased fram and that death occurred at 7 45M, from causes and on the date stated above. sow the deceased alive on Fil 22n SIGNATURE DATE SIGNED 22b. directar, page 3 shauld be filed a M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) BURIAL, CREMATION, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Frederick Md Nount Olivet Cemetery Brunswick, Md. 2So. REC'D'BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) wells 20 M 1/66 DATE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02178 CERTIFICATE OF DEATH vs.cian and campletely filled in by the funeral blease remave carban papers. Pages 1 and 21, and in any event, within 72 haurs after death law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Frederick · Maryland Frederick MARYLAND b CITY OR TOWN (If outside corporate limits CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURA, and give nearest town) Hours Limekiln IS RESIDENCE
 ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Frederick Memorial Hespital NO 😴 MALSTER 3 NAME OF 4. DATE Manth Yea DECEASED 2 (Type or print) arto DEATH 5 SEX 9 AGE (in years IF UNDER 1 YEAR IF LINDER 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED 6 ost birthdoy) Hours Male White January 25,1898 DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) NDUSTRY O Railroad COUNTRY? Brunswick, Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the director, page 3 should be detached far use as the burial-transit permit stable should be filed with the State Dept. at Health priar to burial, crematian, ar removed H. B. Carter Lena Cannen 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give wor ar dates of service Yes Harry Edward Fisher, Jr. Hanover, Pa. None INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), get (c)) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. 1621 DUE TO Canditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO OK YES T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18. 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour p.m. ot work of work 21. 1 certify that (I) (this haspital) attended the deceased from 19 6 / to 196 7 that (I) (we) last 1967, and that death accurred at 520M, from causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED Feb. 12, 1967 DIRECTOR MOD PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 25d. LOCATION (City or Town) 23b DATE THEREOF (Stote) 23o BURIAL CREMATION. Burial (Specify) 1967 Mount Olivet Cometery Frederick, Maryland 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M. R. Etchisen & Son, Frederick, Maryland DATE



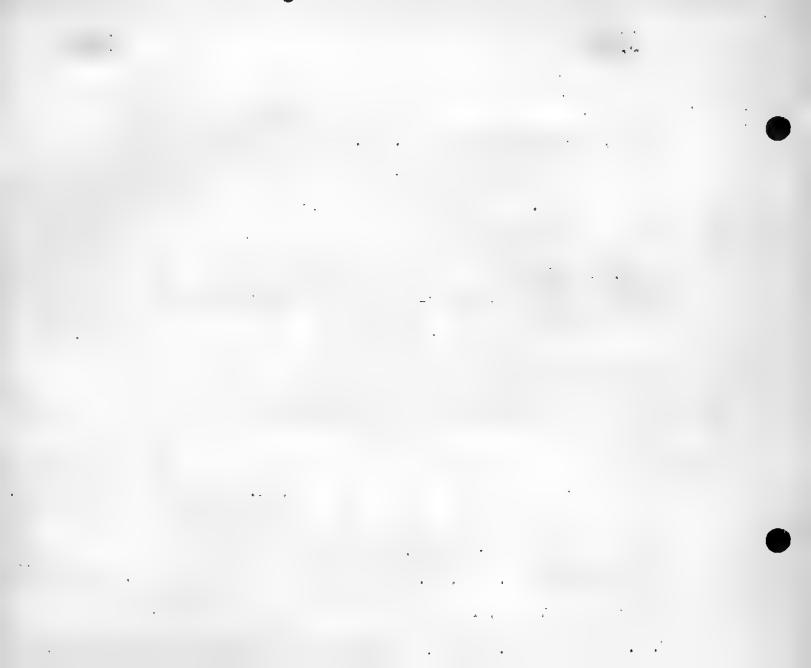
1		DIVISION				ARTMENT OF H ON STREET, BALTIF		RYLAND 2120	1		
	0217					CERTIFICATE			021	75	
	l. PLACE OF DEATH COUNTY Frederic	ok		MAR	YLAND	2 USUAL RESIDENCE 0. STATE Llarylar	nd.	b. (0 F)	UNTY rederi	ck	
	Frederic			Minutes	IN 1b	CCTY OR TOWN (IF	outside carpi	orote limits, write R	URAL ond give	nearest	tawn)
		AL OR INSTITUT ON (If n				d STREET ADDRESS				e	ON A FARM?
		Memorial H				Reute # 1				Y	(ES 🔲 NO 🗽
	3 NAME OF DECEASED		rs t	Middle		Lost	4. DATI	Mo	nth	Doy	Year
Ļ	(Type or print)	Donald		Ivan		Creager	DEAT	H Februar	ry Is Hubson	11	19 67
1	s. sex Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		a. DATE OF BIRTH Nov. 22, 19		9. AGE (In years last birthdoy) 50 yrs	Months	Doys .	Hours Min
1	On USUAL OCCUPATION	I (G ve kind of work done	10b KI	ND OF BUSINESS OR		II BIRTHPLACE (Sto		country)	12 CI	TIZEN OF	WHAT
(during most of working Lineman	me, even it remed)	P &	bustry E. Compan	У.	Penna.				U. S	. A.
Г	13. FATHER S NAME					14. MOTHER'S MAIDE	N NAME				
L	(Unkr						ıknown				
		R IN U.S. ARMED FORCES?	of service)	SOCIAL SECURITY NO.	17.	INFORMANT		Add	dress		
Ĺ	No	. ,	1.78	3 16 1308	Mr	s. Helen Cr	eager	(Same as	item /	7 2)	
	18 CAUSE OF DI	EATH (Enter only one cou TH WAS CAUSED BY	use per line far	(g), (h) ond (c))	Ma	sove Br	- 1		A	INTE	RVAL BETWEEN ET AND DEATH
	11014	IMMEDIATE CAUSE		lateray	1 (0	BOWL NO	specu	orneun	Lorna	-	
	Conditions, if only	DUE which gove 3						4			
	rise to immediat	e couse (o),	(b)								
	stoting the unde	rlying couse	(c)								
	PART I OTHER SI	GNIFICANT CONDITIONS C		O DEATH BUT NOT RE	ATED TO	THE TERMINAL DISEASE (ONDITION G	VEN IN PART LINE		19	WAS AUTOPSY
CATION	5									ΥE	WAS AUTOPSY PERFORMED? S NO
		NTRIBUTING	20b DE	PEKIRF HOM INJURA O	CCUKRED	(Enter noture of injury	in Post I or F	ort II of item 8)			
ALTERS! A	20c TIME OF IN	10	20d IN While at work	Not While ot work		CE OF NJURY (Home fo tory, street, office bldg., e		(Eity or town)	((o	unty)	(State)
	21. L certif	y that I took chorg			ove, h	eld on Autopsy 🌠	, Inspe	tion , Inc	quiry 🔲,	ond	in my opinio
	death result		ol couses 🔼			ride Hamica	_	Undetermined r		-	
	1) (AL EXAMINER	_		1	
	ACTUAL SIGNATURE	obert	XID ("	mes		M.D. ASSISTANT N	EDICAL EXAM	INER 🗌		2	2. DATE SIGNES
	EXAMINER'S NAME (Type)		3 Chi	J. THO	NAS			n or county)		2.	-11-67
1	230 BURIAL, CREMATIC	A .		23c NAME OF CEM			23d	LOCATION (City or T	(own)	((County)	(State)
	Burial Spec by		5, 1967					eint of F			
	24 FUNERA, DIRECTO	and the same	127	ADDRESS			C'D BY REGIS		REGISTRAR 5 5		
	M. R.	Etchisen &	Son, F	rederick,	Mar	yland DATE	FEB 1	. 5 1967	Mo	rely	Judge

1 . . .

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH **HEALTH DEPT** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Maryland Frederick Ft Detrick Frederick MARYLAND the funeral 5 may be b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) VIS Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? d. STREET ADDRESS 3 to 1 State hours Ward 200, Walter Reed General Hosp, Det. 910 Shawnee Drive YES NO X Middle Last DATE Month DECEASED DAVID CRIST CHARLES DEATH Feb 26 1967 (Type or print) 5. SEX 6. COLOR OR RACE | 7. MARRIED | X NEVER MARRIED DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours 47 Male Cauc. WIDOWED : DIVORCED [7] 29 May 1919 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** US GOVE Frederick. Maryland USA Fireman pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Trout Russell Crist

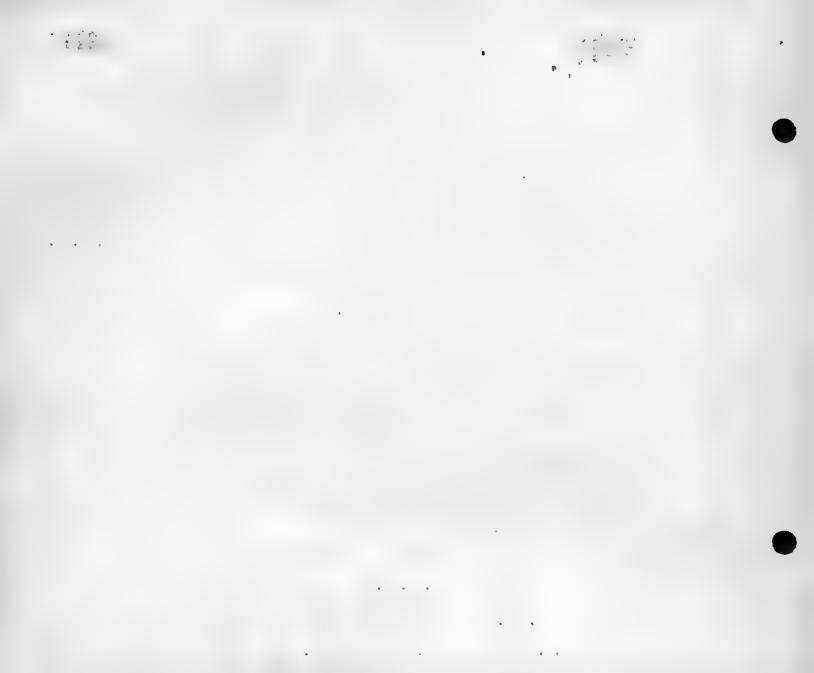
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Lulu File 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Catherine Crist (Wife) Yes 214-10-2914 INTERVAL BETWEEN 18. CAUSE OF BEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit cremation, or Coronary thrombosis 13:20 cremation, DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the cd underlying cause last. ed as burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? use to b YES X NO T 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 3 should be agent, prior Found in Gov't vehicle on Gov't property MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) factory, street, office bldg., etc.) 26 Feb 19 67 at work X Not While at work FtDetrick, Md. Frederick Frederick 21. I certify that I took charge of the remains described above, held an Autopsy KX. Inspection Inquiry and in my opinion FUNERAL DIRECTOR: Undetermined manner death resulted from: Natural causes X. Sulcide Homlcide Accident CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED 26 Feb 67 6 DEPUTY MEDICAL EXAMINER Frederick, Marylan CLIFFORD B. LULL. director. retained Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Frederick. Maryland Mount Olivet Cemetery March 1. 1967 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDR ESS 24. FUNERAD DIRECTOR 26 Feb 67 A15ME (5) Frederick, Md



DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remove carban papers. Pages 1 and 1 PLACE OF DEATH deaf b. COUNTY o. COUNTY o. STATE trederict cdevi haurs after MARY! AND b. CITY OR TOWN (If outside corporate limits. c LENGTH OF STAY IN 16 c CITY OR TOWN (If optside corporate limits, write RURAL and give nearest town) write RURAL and give nearest fown) Frederic Week Frederick papers. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS IS RESIDENCE within 72 ON A FARM? NO Middle NAME OF Lost 4 DATE Year DECEASED (Type or pant) OF DEATH Edwar February T DAVIS 19 S. SEX DATE OF BIRTH AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE NEVER MARRIED Jost birthdoy) Months Dovs Hours Male WIDOWED DIVORCED 10o JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 13 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY and, Frederick, Maryland Frederick City Retired 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, MR. William DAVIS Grace Crum IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dates of service) Irs. Grace Davis (Same as item 2) crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), one (c)) signed by the burral-transit p ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. any IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse as the priar to b Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Dept. of Health 200. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg , etc) Not While ot wark of work . 19 6 2 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 125 1961, to 214 3 should director, page 3 should should be filed with the and that death occurred of 425AM, fram couses and on the date stated above. sow the deceased alive, on 19 22b DATE SIGNED 22o. SIGNATURE ATTENDING M.D PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Toll House Avenue Frederick, Maryland Austin 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify) Feb. 13. 1967 Mount Olivet Cemetery Frederick, Maryland 256 REGISTRAK Y SIGNATUR 250. REC'D BY REGISTRAR "In ADDRESS Judeley FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 M.R. Etchison & Son. Frederick, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. funeral after death. PLACE OF OEATH USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY by the fu b. COUNTY Pages 1 urs after MARYLAND LANG CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours filled in derich AMSTOWN d d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? NO X OWN 4 completely ve carbon p executed within NAME OF 3. First DATE Middle Last Month Year DECEASEO OF OEATH (Type or print) 20 FEBRUARY 4USON 19 5. SEX and cor 6. COLOR OR RACE AGE (In years | IFUNDER I YEAR last birthday) | Months | Days FUNDER 24 HRS DATE OF BIRTH 9. NEVER MARRIED physician and can please remove wal, and in any e Hours Negro WIDOWEO X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate by during most of working life, even if retired) COUNTRY? TOA 1890meru CD 66 ed by the attending physi-transit permit. Then ple , cremation, or removal, a FATHER'S NAME MOTHER'S MAJOEN NAME NOWA 0 15. WAS OFCEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit should be filed with the State Dept. of Health prior to burial, cremain ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO VELONBPHRITS Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO f 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of Infury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ■E01CAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 21. I certify that (1) Ithis hospital) 19 ettended the deceased from and that death occurred at 189 M. from the causes and on the date stated above. saw the deceased alive or 22a. SIGNATURE 22b. DATE SIGNEO ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR Page 4 may ADDRES PHYSICIAN'S NAME (Type) 22d. House Ave Frederick Md Revnolds Richard 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOVAL (Specify) 2-23-67 Fairview Frederick Md Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) C.E. Hicks, 111 Frederick, Md 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02184 FOR STATE HEALTH DEPTS 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a STATE b. COUNTY any delay is , 2, and 3 to n PM3. Page land 2 with the State Department of Maryland Frederick Frederick MARYLAND c CITY OR FOWN (if autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside carparate limits. € LENGTH OF STAY IN 1b write RURAL and give nearest town) 35 years RURAL Smithsburg RURAL Smithsburg d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE alang with farm ON A FARM? Route #1 NO V please execute the certificate, writing the word "pending" in penal in Item 18. Give Pages director Page 4 should be forwarded to the Chief Medical Examiner's Office along with far Route #1 YES be executed within 24 haurs after death 3 NAME OF First M_{*}ddle 4 DATE Month DECEASED OF February 13 19 67 DRAPER DEATH (Type or print) TOHN. ALVEY AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Dovs WIDOWED 🔯 DIVORCED Aug. 1, 1896 70 yrs. event within 72 hours after death Male White 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (State or foreign country) 12 CT ZEN OF WHAT 10b. KIND OF BUS NESS OR COUNTRY? INDUSTRY Frederick Co. Md. U.S.A. Laborer (Retired) Saw-Mill 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hanson Clay Draper Mary Jane Mellott IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 438 Liberty Street (Yes, no, or unknown) (If yes give war or dates of service) 213-18-8170 Sterling Draper, Hagerstown, Maryland 1B CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) L. Arteriosclerotic Cardiovascular Disease This cert ficate should and in any Conditions, if any, which gave Acute Alcoholism rise to immediate couse (a). DUF TO stoting the underlying couse 19 WAS ALTOPSY PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) ar remaval, PERFORMED? CERTIFICATION YES X NO 200 EXTERNAL CALSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. crematian, MEDICAL 20c TIME OF .N. LRY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) ((vinty) 5 may be retained for your in TO FUNERAL DIRECTOR: Page 3 Health prior to burial, tremati factory, street, office bldg., etc.) Not While of work at wark 2) I certify that I took charge of the remains described above, held on Autopsy [X], Inspection . Ingu ry and in my opinion death resulted from Natural causes X Accident Su cide Homicide i Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MED CAL EXAM NER X SIGNATURE DEPUTY MEDICAL EXAMINER 2/15/67 Rudiger Breitenecker, M.D. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL, CREMATION. 2/16/67 Mt. Bethel Church Cem. Frederick Co. Md. 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR AD DRESS 250 REC'D BY REGISTRAR VR A15ME (5) Company, Middletown, Marylandows FEB Gladhill 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, If Institution fles Conde before admission) PLACE OF DEATH b. COUNTY Frederick Jarvland Frederi ck MARYLAND Department after death. the funeral 5 may be b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Legore Legore B. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? any delay is 2, and 3 to t State NO K P.O. Box 2/13 YES ! PM3, 3. NAME OF DATE Month Yeer First Middle DECEASED the Michelle Tarmy DEATH February 8 19 67 (Type or print) Eckenrode 2 with within AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH EXAMINER: This certificate should be executed within 24 hedrs after death. If a certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, ould be forwarded to the Chief Medical Examiner's Office along with form NEVER MARRIED last birthdey) | Months | Hours Sept. 19.1966 WIDOWED DIVORCED [Female White event 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Frederick, Maryland U.S.A. None pages 1 in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Hattie Mae Carbaugh Ross Eckenrode File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) 1(If yes give war or dates of service) permit. I removal, No Ross Eckenrode. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) cremation, **BUE TO** Conditions, if ony, which (b) gave rise to immediate DUE TO (a), stating underlying couse last. sed as burial RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT CERTIFICATION PERPORMED? YES X NO T 2 8 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY T OF CONTRIBUTING should gent, pri CAUSE OF DEATH. CAL 3 sho 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. MEDI et work at work the certification is should be 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry DIRECTOR: Undetermined manner **Homlelde** Suicide death resulted from: Natural causes Accident CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED SIGNATURE Pol DEPUTY MEDICAL EXAMINER please ex director. retained Clifford Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION.I DATE THEREOF 23b. REMOVAL (Specify) 0 Fairfield Union Cometery Fairfield. Adams Co. Pa. Burial 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR Md. VR A15ME DATE 3500 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02187 CERTIFICATE OF DEATH 64 ond 2 death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before agmission) Maryland Frederick o COUNTY Frederick a STATE b. COUNTY and in ony event, within 72 hours after **MARYLAND** b CITY OR TOWN (if autside carparate limits, Fwite RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give necrest town) Thurmont 2 mos. remove corbon papers. e IS RESIDENCE ON A FARM? completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 21 Carroll St. Frederick Convalescent Center YES | NO X NAME OF £1851 Middle 4 DATE Manth Doy Year Last DECEASED J. ESSIE FEBRUARY 19 (Type or print) DEATH S. SEX DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 MRS. 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost byrthday) Months Days Hours 8-11-1875 White Female WIDOWED X DIVORCED ond 10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRYTISA during most of working life, even if retired) Marylan d 13. FATHER S NAME 14. MOTHER S MAIDEN NAME Josephine Routzahn John A. Saxten Addrealtimore 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO cremotian, or re (Yes pa, ar unknown) (If yes give war ar dates of service Gertrude Etzler 5808 Edmondson Ave. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY CHULE CYSTITIS HEUTE IMMEDIATE CAUSE (a) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate cause (a). **DUE TO** stating the underlying cause this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior ta lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 66 HIP NO 200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice blda . etc.) Hour a.m. Not While at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 5 /12 196 6 ta , 19 69, that 10 (we) last and that death accurred at 922 M, fram causes and an the date stated abave saw the deceased alive an.... 22b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S 8011 Foll House Ave. NAME (Type) Frederick. Richard C. Revnolds 230 BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) By REMOVAL (Specify) Mt. Hope Cemetery Woodsboro 2-10-67 Fred. Raymondoores Cress or 2Sq. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ianles Judas VR A15 (4) 20 M 1/66 1967 B Thurmont,

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02188 executed within 24 hours after death completely filled in by the funeral nove carbon popers. Poges I and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY Frederick b. COUNTY Marvland Frederick ve carbon popers. Poges 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)
Frederick Frederick days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS 602 Wilson Place Frederick Memorial Hospital □ NO 🗓 YES Middle 4. DATE OF remove carbon 3 NAME OF Year Last Day DECEASED ALBERT Edward Jr. FEBRUARY (Type ar print) DEATH AGE (In years 5 SEX 6 ADLOR OR RACE 7 MARRIED NEVER MARRIED birthdoy) Months Dovs Hours White March 26, 1897 Male DIVORCED | WIDOWED 11, BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT Farming UCOSNIRA? Coatesville. Penn. requires that the death certificate 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME by the offending phys cremation, or removol, Then Willie Mae Whiteside Albert E. Facev. Sr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yearng, or unknown) (If yes give wor or dates af service Mrs. Susan A. Facey 602 Wilson Pl. Fred. Md. 578-07-4104 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (t).)
PART I. DEATH WAS CAUSED BY-INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH HEMORR HAGE URARACHNOID IMMEDIATE CAUSE (o) DUE TO HETERIOSELEROSIS Conditions, if ony, which gove EREBRAL rise to immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital ar ottending O FUNERAL DIRECTOR: After this certificate has been ed for use os the last. 19. WAS AUTOPS) PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NG 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Haur o.m. Not While of work et work 21. I certify that (I) this haspital) attended the deceased fram 19 Grand that death accurred at 57 M, fram causes and an the date stated above. saw the deceased alive an 2 22o. SIGNATURE 22b DATE SIGNED **ATTENDING** M.D. PHYS. PHYS. director, page should be filed 22d ADDRESS 804 Toll House Avenue Frederick, Md. Dr. Richard C. Reynolds M.D. NAME (Type) 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, (State) Burial (Specify) 2-8-1967 Mount Olivet Cemetery Frederick. Maryland 2So. REC'D BY REGISTRAR 25b, REGISTRAR'S, SIGNATURE 24_FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66 Frederick, Marylandbate Robert Dailev



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after death orbon papers. Pages 1 and 2 it, pathin 72 hours after death signed by the attending physician and completely fulled in by the funeral burtol-transit permit. Then please remove cortion pagers. Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) b. COUNTY a. COUNTY Frederick Maryland Frederick MARYLAND c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b (ITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 1b write RURAtropa gire nearest tewn) Frederick Rural davs d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Linganore Road Route #6 Frederick Memorial Hospital NO X Middfe 4. DATE NAME OF First Manth DECEASED HILDA LANGER FISHER February 67 DEATH IF JNDER 9 AGE (n years IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED TY B DATE OF BIRTH S SEX NEVER MARRIED buriol, cremotion, or removal, and in any eve birthdoy) Davs Haurs January 4. 1900 White Female WIDOWED 12 CITIZEN OF WHAT 10a USUAL OCCUPAT ON (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b KIND OF BUSINESS OR during most at working life, even if retired) INDUSTRY Allegheny County, Penn, 13 FATHER S NAME 14. MOTHER'S MAIDEN NAME Margaret Hack Langer Herman 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) Mr. J. Stanley Fisher Rt.# 6 Frederick, Md. 276-09-9017 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retoined by the hospital or ottending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) MEDICAL CERTIFICATION NO 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (County) Not While factory, street, affice bldg, etc.) at wark deceased from 2/16, 1947, ta 2/17, 1967, that (1) (we) last 1967, and that death accurred above 2). I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 2-17-1967 M.D 22d ADDRESS 228 N. Market Street Frederick, Md. 22c PHYSTCIAN'S M.D. NAME (Type) Dr. James B. Thomas 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (County) 23a BURIAL, CREMATION, (Stote) Bull 1 a- (Specify) Pennsylvania Montour Cemetery @akdale, 2Sb. REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR Frederick, Maryland DATE FFB Robert E. Dailey & Son 20 M 1/66



Lynn	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	로 : '80'로	02190 CERTIFICATE OF DEATH 02186
	er death.	1. PLACE OF DEATH a. CDUNTY PREDERICK MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission, a. STATE MARYLAND D. CDUNTY FREDERICK
	urs after n by the Pages I ours after	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) Like RURAL and give nearest town) LICED FRICAL APPLICATION APPLICATION APPLICATION C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) REPORTED FRICAL APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION APPLICATION BENEFIT OF TOWN (if outside corporate limits, write RURAL and give nearest town)
•	24 hours filled in by papers. Pain 72 hours	d. NAME OF HOSPITAL OR INSTRUTION (If not in hospital, give street address) d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES \(\sum \) NOK
	executed within 24 hours and completely filled in by remove carbon papers. Pagany event, within 72 hours	3. NAME DF First Middle Last 4. DATE Month Day Year OF DECEASED (Type or print) ALLEN LYCURGUS FLANIGAN DEATH FB. /6 1967
	ecuted nd com move c iny ever	5. SEX 6. CDLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (IT YEAR IF UNDER 24 HR: Months Days Hours Min.
	Tending physician the death certificate be executed within the horizing physician and completely has been signed by the attending physician and completely as the burial-transit permit. Then place, remove carbon prior to burial, cremation, or removal, sanding any event, with	1Da. USUAL DECUPATION (Give kind of work done during most of working life, even if retired) 1Db. KINO DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1Db. KINO DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 1Db. KINO DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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	ath cer attendi rmit.] 1, or rei	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address RURITLE (Yes, 170, or unknown) (If yes give war or dates of service) 019-12-1267 ALLAN FLANICAN FREDERICK MA
	Iren that the death certiff physician. I slighted by the attending burial-transit permit. They burial, cremation, or remove	18. CAUSE OF DEATH [Enter only one cadse) per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: OAG RATAGE PLANT TO LEATH OBJECT OAG RATAGE OAG RATAG
	rem that the physician. slgned by purial-transit burial, cremand	Conditions, If any, which Due TD Deveralized Peritorities 12 hours
	the lam requirem that to attending physician ate has been signed buse as the burial-trangith prior to burial, cre	gave rise to immediate cause (a), stating the underlying cause last. (b) Ougstured Duroleval Peptic Well 12 Games (c)
	isclans. The lam respital or attend certificate has labed for use as of the lab.	
	HYSICIAN: 1 te hospital his certific trached for Dept. of He	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ONDITION GIVEN IN PART 1(a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CONTRIBUTION GIVEN IN PART 1(a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PERFORMEO? YES ND OR CONTRIBUTION GIVEN IN PART 1 OF PART 11 OF ITEM 18.) GREAT II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) PERFORMEO? YES ND OR CONTRIBUTION GIVEN IN PART 1 OF PART 11 OF ITEM 18.)
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	TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	21. I certify that (I) (this hospital) attended the deceased from July 1937 to File 6, 1967, that (I) (we) last saw the deceased alive on July 6, 1967, and that death occurred a 1830M, from the causes and on the date stated above
	OR ATTENDI be retained DIRECTOR: A ge 3 should led with the S	22a. SIGNATURE 22b. DATE SIGNED M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED 27/18/67
	TO HOSPITAL OR Page 4 may be to FUNERAL DIRICATION DIRICATION DIRECTOR, page 3 should be filed by	22c. PHYSICIAN'S NAME (Type) A.DETIBARA L'ACCEPTANT L'
	TO HO Page TO FU direct shou	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATION (City, town or county) (State) REMDVAL (Specify) 4/30/67 M7 HOPE WOODS BORO MID
	VR A15 (4) 15M 4-64	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE POWERAL DATE B 2 1 1967 COLUMN DATE B 2 1 1967
	10H1 4-04	



1 0	livision of STATISTICAL RESE	MARYLAND STATE DEF ARCH AND RECORDS, 301			1201
02191		CERTIFICATE	OF DEATH		02187
PLACE OF DEATH O COUNTY	derich	MARYLAND	o. STATE Mar	re deceosed lived, if institution Residue b. COUNTY H	oulg. v
Fred RURAL ond	outside corporote limits, give neorest town)	28 Jacys	d STREET ADDRESS	e lorporate amits, write RURAL and s lle Reace	2
1 Telleric	L OR INSTITUTION (If not in hospital,	How b.	d. SIKEEL ADDKESS		B IS RESIDENCE ON A FARM? YES □ NO ☑
3. NAME OF DECEASED (Type or print) S. SEX	CHARLES 6. COLOR OR RACE 7 MARRIED	- 1 14 11 -	Lost 4. COULER DATE OF BIRTH	DATE Month OF DEATH FEBRUARY 9 AGE (In years IFUND	Doy Year 2 19 6 7 ER I YEAR IF UNDER 24 HRS.
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during most of working l	te, even if retired Mountage	DUSTRY DOLL.	Virgini	a	COUNTRY
13. FATHER'S NAME	A H Fow	en	14 MOTHER'S MAIDEN NAM	known?	
IS WAS DECEASED EVER (Yes, no, or unknown) IB. CAUSE OF DE PART 1. DEAT	If you mue war or dates of convice)	35-09-1237 M	70 Design	SFEWLE - Por	
PART 1. DEAT	ATH (Enter only one couse per line for H WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and (c)) ROMBOSTS OF	MIDDLE CI	EREARAL ARTE	INTERVAL BETWEEN ONSET AND DEATH
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200 ACCIDENT WAS OR CONTRIBUTING	UNDERLYING ☐ 20b. DI	SCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	l or Port (I of item 1B.)	YES NO
= (11 2111210,110111111	AEDICAL EXAMINER) RY Month, Doy, Year 20d 1		E OF INJURY (Home, form, ery, street, office bldg , etc.)	20f (City or town)	(County) (State)
р.п	10	k L otwork L ded the deceased fram	1/26 ,19/	67, to 2/24, 1	9 <u>6</u>) that (1))(we) la
saw the de	ceased alive an 2/24	19 <u>67</u> , and that		M, fram causes and ar	the date stated abov
22c. PHYSICIAN'S	havel C. Ryn	ec mo	PHYS. DIR 22d. ADDRESS	D. STAFF PHYS.	2/24/67
/ NAME (Type)				and Locarion (co.	
230 BURIAL, CREMATIC	2/27/67	23c NAME OF CEMETERY OR C	4	23d LOCATION (City or Jown) Beeflerville 7.	North (Stote)
24. FUNERAL DIRECTO	160 B 1600=	Bernersoll	250. REC'D BY	REGISTRAR 25b. REGISTRAP	corles Judge



1	Division of STATISTICA	MARYLAND STATE DE L RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH W. Preston Street, Baltimor	E, MARYLAND 21201
	02192	CERTIFICATE	OF DEATH	02188
	a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased liv a. STATE Maryland	b. COUNTY Frederick
n any event, within 72 augmather death.	b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Frederick	C. LENGTH OF STAY IN 16		ville / /
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d STREET ADDRESS	o is residence on a farm? Yes \[\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5	DECEASED (Type or print) MAY-4	MARRIED NEVER MARRIED 18	Cost 4. DATE OF DEATH DATE OF BIRTH 9 AGE	Manth Day Year 7 19 6 7 (M years IF UNDER 1 YEAR IF UNDER 24 HRS.
1 d	F N N N N N N N N N N N N N N N N N N N	VIDOWED DIVORCED DIVORCED DIVORCED INDUSTRY	11. BIRTHPLACE (County & State, or foreign of	birthday) Months Days Hours Min ountry) 12 CITIZEN OF WHAT GOUNTRY? A.
	FATHER'S NAME William Henry Gil		Maryland 14. MOTHER'S MAIDEN NAME Nellie Nightens	
1	S WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. grunknawn) (If yes give war ar dates of sen	16. SOCIAL SECURITY NO 17. II	NFORMANT	Address 7ille Md.
	IB. CAUSE OF DEATH (Enter only one couse prepart I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	Plucal effe	1100	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	carcinoma of b	rest with meter	c, tari
) Samo	PART II OTHER SIGNIFICANT CONDITIONS CONTR			YES NO
MEDICAL CENTRICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter nature of injury in Part I or Part II of	· ·
MEDIC	p.m 17	While Not While focts	ry, street, affice bldg , etc.)	or town) (County) (Stote)
	21 I certify that (I) (this hespital saw the deceased alive an 220, SIGNATURE	1) attended the deceased fram, and that	death accurred at 8 3 PM, fra	m causes and an the date stated above
Working Manual Control of the Contro	a lice	Pearre, Jr. J. M.D.	ATTENDING MED DIRECTOR D	STAFF PHYS. D 22b. DATE SIGNED 2 / 2 / 6 / 7
2	NAME (Type) A. AUSCIII 30 BURIAL (REMATION REMOVALIST DATE THEREO)			N (City or Town) (County) (State)
. 1	24 FUNERAL DIRECTOR	ADDRESS Brunswick Ma	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



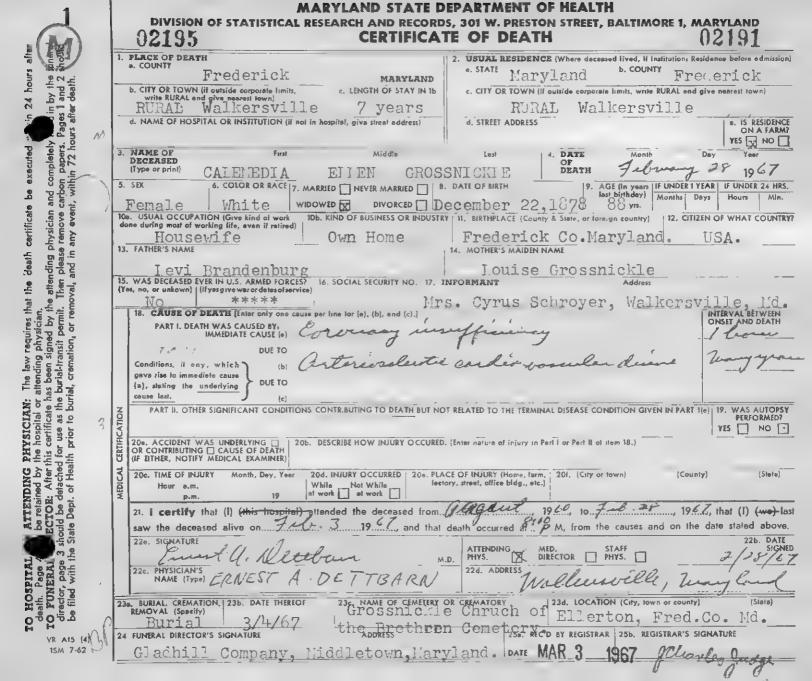
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02193 ing strysician and campletely filled in by the funeral Then please remave carban papers. Pages 1 and 2 law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) n. COUNTY o. STATE b. COUNTY Frederick MARYLAND Marvland Carroll b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) r LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) Rural Ladiesburg Rural Ladiesburg d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS YES IN NO NAME OF First Lost 4. DATE Month Doy Year DECEASED Type or print Ethe] Glacken DEATH February Annя S SEX AGE (In years Last birthday) 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR I IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 5 last Months Days Hours White Female May 30, 1915 WIDOWED DIVORCED IDa USUAL OCCUPATION (Give kind of work done IDB KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Own Home Maryland

14. MOTHER'S MAIDEN NAME W.S.A 13. FATHER'S NAME John Glacken Mary Hoffman TS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service 16 SOCIAL SECURITY NO. 17 INFORMANT signed by the attend burial-transit permit Ö Mr. Jesse T. Glacken, Ladiesburg, Marvland No crematian. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: ONSET LAND, DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUE TO attending stating the underlying cause as the priarta has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS PERFORMED? NO O FUNERAL DIRECTOR: After this certificate far 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of Item 18.) 2Do ACCIDENT WAS UNDERLYING ... Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, farm, 2Dc TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 2Df. (City or town) (County) (Stote) Haur a.m. factory, street, affice blda., etc.) Not While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram shauld and that death accurred at 3 30 M, from causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 221 DATE SIGNED **ATTENDING** STAFF PHYS. M.D. PHYS DIRECTOR director, page shauld be filed 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY CATION (City or Town) BURIAL, CREMATION 23b. DATE THEREO (County) (Stote) REMOVAL (Specify)
Burial Fairfield Cemetery Feb. Fairfield Adams Co. 25b. REGISTRAR'S SIGNATURE ADDRESS Taney town 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Son (John H. Skiles Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02194 requires that the death certificate be executed within 24 hours after death filled in by the funeral on papers Pages I and 2 vithin 72 hours after death ond PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Frederick Frederick MARYLAND b CITY OR TOWN (If autside carparate imits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If autside carparate limits, write RURAL and a ve nearest town) Fretite RURAL and give imporest town Wrs. Thurmont rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS event, within 72 Frederick Co. Home YES NO T NAME OF signed by the attending physicion and completely f buriol-transit parmit. Then please remaye carbon First Middle 4 DATE Day Year DECEASED CHARLES GRIMES E. Feb. 26 67 Type or print HTA3G 19 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH NEVER MARRIED lost piethday) Months Days Hours male white 10-1-1885 WIDOWED P DIVORCED 10g JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during mast of warking lie, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Charle s Grimes Rachael Warfield WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes goo or unknown) (If yes give war or dates of service) 214-36-0373 Mrs. Esther Warner Thurmont, Md.RD 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospital or attending physicion. DUE TO Conditions, if only, which gave rise to immediate couse (a). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use YES F NG [for 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached (IF EITHER, NOTIFY MEDICAL EXAMINER' 20c. TIME OF INJURY Manth, Day, Year 20rt INHIRY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. Nat While factory, street, affice bldg., etc.) at work of work 2]. I certify that (I) (this haspital) attended the deceased fram Illiana 26, 1967, that (1) (we) last 19 / , and that death accurred a 4.45 AM, fram causes and on the date stated above. saw the deceased glive on Tel 22a SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS. , poge be filed 22d. ADDRESS 22c. PRYSICIAN'S Frederick. Professional Bldg. Davis NAME (Type) LeRoy director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION, 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 3-1-67 Mt. View Cemetery Emmitsburg Fred. Co 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Raymond Creage







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02196 CERTIFICATE OF DEATH signed by the attending physicion and completely filled in by the funeral buriol-transit permit. Then please remove carban papers. Pages 1 and 3 burial, cremation, or removal, and in any event, within 72 hours after death The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1 PLACE OF DEATH o COUNTY Frederick o. STATE Maryland b. COUNTY Frederick MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest sown) b CITY OR TOWN (If outside corporate limits, Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 334 East Third Street 334 East Third Street NO 52 3 NAME OF Middle First Lost DATE Month DECEASED 12, **GEORGE** February 19 67 **GROVE** E. В. (Type or print) DEATH SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED [V] NEVER MARRIED 60st birthdoy) May 29, 1906 Male White DIVORCED WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Ox Fiber Brush Co. INDUSTRY Frederick Co. Marvland None 13 FATHERS NAME 14. MOTHER'S MAIDEN NAME Daisey E. Babel Emory Thurston Grove 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, so, or unknown) (If yes give wor or dates of service) 214-10-1906 Mrs. Sarah Grove 334 E. Third St. Fred. Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO XX 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, (City or Iown) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) factory, street, office bldg, etc.) Not While of work 21. I certify that (I) (this haspital) attended the deceased fram. 19@ that (I) (we) last 19/7, and that death accurred at/1 2/M, fram causes and an the date stated above. saw the deceased alive an. 220\ SIGNATURE 22b. DATE SIGNED STAFF PHYS 2-12-1967 M.D. DIRECTOR 22c PHYSICIAN S NAME (Type) Dr. James B. Thomas M.D. Market Street Frederick. Md. 230 BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) Mount Olivet Cemetery Frederick, Maryland 25b. REGISTRAR S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Dailev Frederick, Marylandone FCR Robert E.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RÉSIDENCE ON A FARM? YES -NO X completely i within NAME OF 3. DATE Month Day Year First elbb!M Last 4. DECEASED OF DEATH ACKLE RICHARI and in any event, (Type or print) 19 Feb xecuted 5. SEX 6. COLOR OR RACE AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove and WIDOWED DIVORCED T 6 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during, most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease COUNTRY? OR ATTENDING PHYSICIAN: The law requires that the death certificator be retained by the hospital or attending physician. 13. FATHER'S NAME removal, S MAIDEN NAME IO FUNERAL DIRECTOR, After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1 PART 1. DEATH WAS CAUSED BY: CARDIAC FAILURG IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which PULMONARY CONGESTION (b) gave rise to immediate DUE TO cause (a), stating the ASPIRATION UF VOMITUS underlying cause last, (c) CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? HCMORRHAGE, SIFE UNDCFERMANED - CHRONIC ALCOHOLISM INTESTINAL NO Y YES 20b. DESCRIBE HOW (NJURY OCCURRED, (Enter nature of Injury in Pert I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from JAN 25 19 6 7, that (I) (#E) last , and that death occurred at 25 saw the deceased afive on. M. from the causes and on the date stated above. 22b. DATE/SIGNED 22a. SIGNATURE ATTENDING PHYS. X Wark M.D. DIRECTOR Page 4 may ADDRESS PHYSICIAN'S NAME (Type) TOLL HOUSE AV 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) SULIA FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

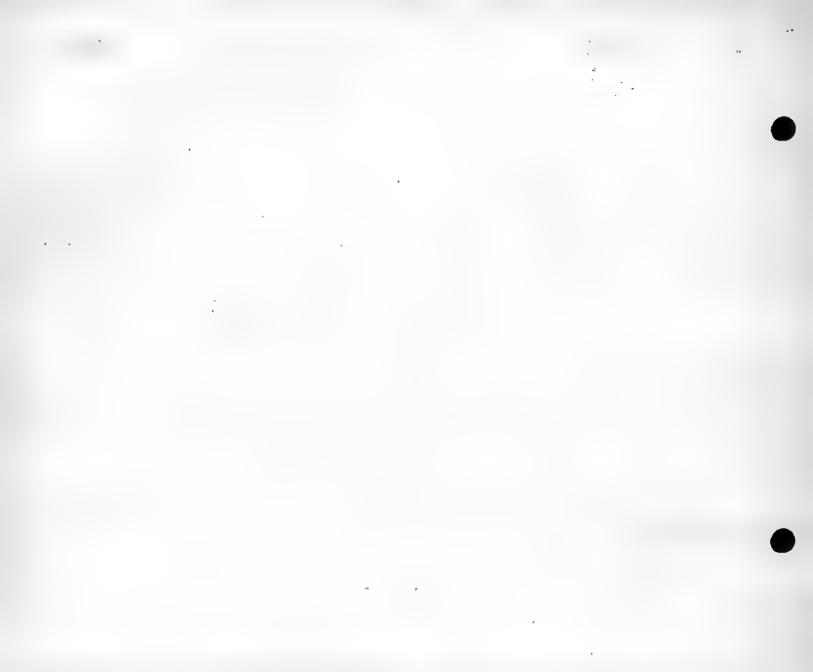




1	MARYLAND STATE DEPARTMENT OF HEAL DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STRE	TH ET. BALTIMORE 1. MARYLAND
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rs after by the Pages it urs after	b. CITY DR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b c. LENGTH DF STAY	orporate limits, write RURAL and give nearest town
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rted v comp ve ca event	7. WARRIED REVER WARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Days Hours Min.
executer and con remove	Female Negnold WIDOWED DIVORCED 12-19-66 a. USUAL OCCUPATION (Give kind of work done 100. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State	yrs. 25 Hours Ho
be lessed	ring most of working life, even if retired) INDUSTRY	o. Ma. USA
ing phy ing phy Then pl	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	Hollow
ath cert attendin rmit. Th	7 / D. Clark E. / 1) 9285 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unknown) ((fryes give war or dates of service)	Address
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N: The last tal or attended to the last tal or attended to the last tal or use the last the last tal or last tal o		YES NO
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within retained by the hospital or attending physician. ELIOR: After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please them we carbon with the State Dept. of Health prior to burial, cremation, or removal, and it any event, with	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in or contributing cause of death (if either, notify medical examiner)	Part I or Part II of Item 18.)
DING PHYSICIAN ed by the hospit After this cert id be detached e State Dept. of	Hour a.m. While Not While factory, street, office bidg., etc.)	(City or town) (County) (State)
IDING led by Afte lid be	p.m. 19 at work at work	0 Zell 13 , 19 1/2, that (1) (we) last
ATTENDI retained ECTOR: A 3 should with the	saw the deceased alive on 3 19 67, and that death occurred at 5 20pm,	from the causes and on the date stated above 22b. DATE SIGNED
AL OR nay be AL DIRE page 3 page 3	M.D. ATTENDING DIRECTOR	STAFF D 2/13/07
SPITAL 4 may VERAL D tor, pag d be file	22c. PHYSICIAN'S NAME TYPE) J.Fred Baker Prod Medica:	Canter Fred Md
TO HOSPITAL OR ATTENI Page 4 may be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	REMOVAL (Specify)	LOCATION (City, town or county) (State)
nf	Burial 2-14-67 Fairview Fr. 4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RE	\ \ \(\sigma \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
VR A15 (4)	C.E. Hicks, 111 Frederick, Md DATEFEB 15	5 1967 Julianes Julia



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH_DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. Slate Maryland COUNTY. Frederick Frederick MARYLAND delay b CIY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN TH t CITY OR TOWN (f autside carparate limits, write RURAL and give nearest town) pup write RURAL and give nearest town) offer Depart Day Frederick Frederick e. IS RES DENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS haurs ON A FARM? Ll John Hansen Apt. Frederick Memorial Hespital YES NO 5C Item 18 Give Pages after death Office along with 3 NAME OF Middle 4 DATE Last Year within 72 DECEASED OF FEBRUARY 19 67 JACKSON WALTER B. (Type or pnnt) IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years 7 MARRIED NEVER MARRIED 69st birthday) Months Doys Hours January 18,1898 haurs WIDOWFD White Male 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CT ZEN OF WHAT during most of working life, even if refired) NDUSTRY 24 Ox-Fibre Brush Co. Spur, Texas = Retired 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil be executed within (Unknown Unknown and .⊆ 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT .D.#1 . Frederick, Maryland (Yes, no, or unknown) (If yes give wor or dotes of service) remayal. 09 Ernest Jacksen, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (2), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Б IMMEDIATE CAUSE (n) ward This certificate shauld crematian, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse lost burial PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO agent, priar fa 20a EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Port or Port II of item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour om. Not While foctory, street, office bldg., etc.) DIRECTOR: Page of work at wark designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 💢 Inquiry and in my opinion Natural causes M. Accident . death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funeral Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** . Thomas, M.D. Robert Address (Street, city, town, or county) February 6, 1967 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23d. LOCATION (City or Town) 0 BREMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland
REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS To delle 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5 Etchison & Son. Frederick. Maryland

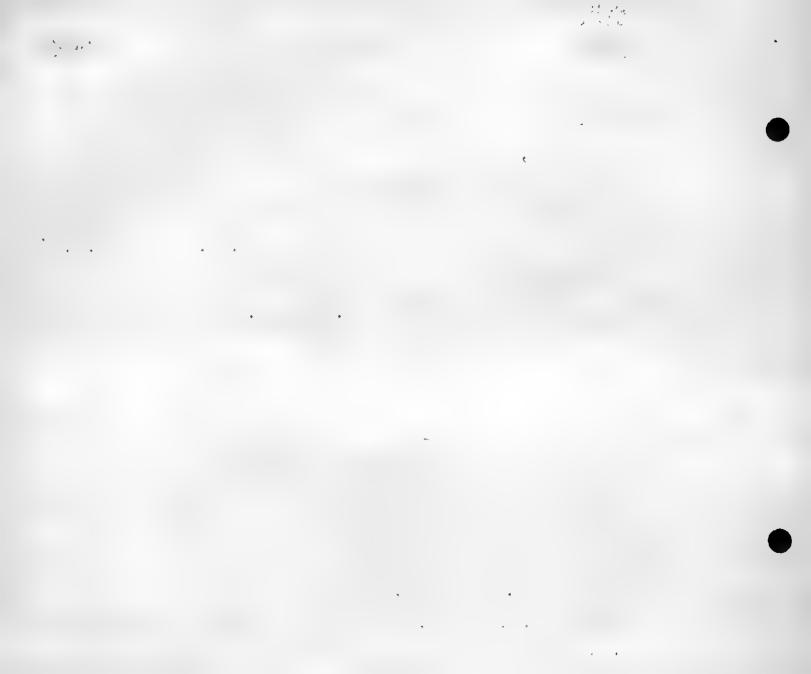


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution n. COUNTY b. COUNTY Frederick Maryland MARYLAND CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (f outside corporate mits, c LENGTH OF STAY IN 16 write RURA, and Ruys alest tarrelederick minutes Rockville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street oddress)

DOA Frederick Memorial Hospital d. STREET ADDRESS e IS RESIDENCE ON A FARM? 5929 LeMay Rd. NO X 3 NAME OF Firs1 Lost 4 DATE Month Year DECEASED 0F RExev **JONES** February ROBERT (Type or print) DEATH 8 DATE OF BIRTH 6 COLOR OR RACE 9 AGE (n years IF UNDER 24 HR S SEX 7 MARRED TX NEVER MARR ED 30 birthdoy) Nov. 5.1936 Months Hours White Male in any event within 72 hours after death. 11 8 RTHPLACE (State or foreign country)
Manassas, Virginia 100 USUA, OCCUPATION (Give kind of work done during 1936 by by Hagegen if ref red) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT North 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate shauld be executed within Princess Morris H. R. Jones IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Hilda Jones 5929 LeMay Rd. Rockville, Md. (Yeshia, arunknown) (If yes give war or dates of service) 226-42-3376 18 CAUSE OF DEATH (Enter only one couse per tot (o), (b), and (c)).
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying cause 19 WAS AUTOPS'
PERFORMED? remayal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE CONDITION GIVEN THE PART 1(c) CERTIFICATION YES \ NO 200 EXTERNAL CAUSE WAS PRIMAR * SOF CONTRIBUTING 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or tawn) 20c T ME OF INJURY Month, Day, Year Stoctory street affice bldg , etc.) hot While of work Un traderick - dredouch 21. I certify that I taok charge of the remains described above, held an Autapsy 13. Inspection . inquiry 🗍 and in my apinian Undetermined manner Accident 7 Surcide . death resulted fram: Natural causes Ham ade CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) BURIAL CREMATION (State) Stonewall Memory Gardens Manassas, Virginia 250 REC D BY REGISTRAR 25b REGISTRAR SIGNATURE 24. FUNEKAL DIRECTOR VR A15ME (5) 6M 1/67



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02198 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY Page Frederick Frederick MARYLAND delay b CITY OR TOWN (f outside corporate imits, c 1FNGTH OF STAY IN 1b c CITY OR TOWN (If autside carparote limits, write RURAL and a veinearest town) write RURAL and give nearest town) Point of Rocks Point of Rocks Years d NAME OF HOSPITAL OR INSTITUT ON (If not in hospito, give street oddress) d STREET ADDRESS e IS RES DENCE ON A FARM? YES NO 🔀 Peint of Rocks, Marylane Office alang with 3. NAME OF 4 DATE Month Year Midd e Lost Doy DECEASED DEATHEbruary 19 67 GERALDINE KERRIGAN (Type or print) S SEX B DATE OF BIRTH 9 AGE (In years IF JADER 1 YEAR 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 51 birthday) Days May 24, 1915 WIDOWED DIVORCED hours after death White Female 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 10g JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) IND., STRY Housewife Sand Run, W. Va. U. S. 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME James Arthur Simmens Laola Shirman 17 INFORMANT 16 SOCIAL SECURITY NO Address 15 WAS DECEASED EVER NUS ARMED FORCES? 15 WAS DECEASED EVER N.D.S. ARMED TO ACCES OF SERVICE 234 05 8501 This certificate should be executed event within Mr. Matthew R. Kerrigan Same as item #20 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line ONSET AND DEATH forwarded to the Chief PART I. DEATH WAS CAUSED BY. / IMMEDIATE CAUSE (o) writing the ward DUE TO gny Conditions, if any, which gove rise to immediate cause (o), . = DUE TO stoting the underlying couse pub 19 WAS AUTOPSY PEREOR MED? PART IL OTHER SIGN EIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) or remayal, CERTIFICATION YES NO please execute the certificate, 2DO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH 20b. DESCR BE HOW INJURY OCCURRED (Enter nature of joury in Part I or Port II of Ifem 1B) 3 (Stote) 20c TIME OF NURY Month, Dov. Year 20d N.JRY OCCURRED 2)e RACE OF INJURY (Home, farm (City or fown) (County) factory street, office blda letc.) Not While of work of work FUNERAL DIRECTOR: Page 2-2 1967 5000 21. I certify that I took charge of the remains described above, he'd an Autapsy Inspection (19) Indu ry and n my apinian Undetermined monner Su'cide 🔀 the funeral directar. death resulted fram Natural causes Accident Homicide be retained CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MED CAL EXAM NER **EXAMINER'S** Health ! NAME (Type) Address (Street, city town or county) Rebert Ja Thomas. M 23b DATE THEREOE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION REMOVAL (Spec fy) Point of Rocks, Mar Maryland 24 EUNERAL DIRECTOR VR A15ME (5) 1 6M 1/67 M. R. Etchison & Son, Frederick, Maryland



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	UZZU	5		CERTIFICATE	OF DEATH		02199		
1	PLACE OF DEATH o COUNTY	The side of side of				Where deceased lived, if institution Ri	esidence before admission)		
		Frederick		MARYLAND	o STATE Mar	yland b. COUNTY	Frederick		
	b CITY OR TOWN	If outside corporate limits,		c LENGTH OF STAY IN 16		utside corporate limits, write RURAL on			
		#2º Myersvi		l year	RUR	AL Myersvill	e , /		
	d. NAME OF HOSPI	TAL OR INSTITUTION (If not	ın hospitol, g	ive street oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?		
	-]	Route # 2	YES NO X		
3	NAME OF DECEASED	Firs		Middle	Lost	4 DATE Month	Doy Year		
	(Type or print)	CARRI			BRIDE	DEATH February			
•	SEX		7 MARRIED		B. DATE OF BIRTH	last heethetass) files	NDER I YEAR IF UNDER 24 HRS		
	Female	White	WIDOWED		Jan. 13,	1882 85 vii			
du	o USUAL OCCUPATION	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		3	COUNTRY?		
_	NONE FATHER'S NAME				Frederic.	k Co. Haryland	· U.S.A.		
13		n. 13							
10	John WAS DECEASED DVI	Blate RINUS ARMED FORCES?	1 14 0	SOCIAL SECURITY NO 17.	Julie B				
(Y	es, no, or unknown)	(If yes give war or dates of ***********************************	service			Route # Adress	* * * *		
	NO THE CAUSE OF D	EATH (Enter only one couse	ΣT,	5-50-4542 I Gu	y McBride	, Myersville,	interval Between		
	PART I DEA	TH WAS CAUSED BY.	ber inte for	(o), (o), and (c)	en on lea	A O	ONSET AND DEATH		
	,	IMMEDIATE CAUSE (c	0) <u> </u>	reway 14	orres proces	12-	127 Tus		
	Conditions, if ony		1 9/50	fuelor He	ant diam	200			
	rise to immediate stating the under	le cause (o),	0 1						
	lost	arting coose	(US)	terio Scher	ozis.				
20	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE CONDITION G. YEN IN PART 1(0)						19 WAS AUTOPSY		
CEKTIFICATION							PERFORMED? YES NO (2)		
SILE.	200. ACCIDENT WA		20b DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18)			
		CAUSE OF DEATH MEDICAL EXAMINER)							
MEDICAL	20c TIME OF INJ	URY Month, Doy, Year			CE OF INJURY (Home, form ory, street, office bldg., etc.		(County) (State)		
3	p.:	m. 19		ot work	. 1	^			
	21. I certi	21. I certify that (I) (this haspital) attended the acceased fram + 20 , 1967, to + 21 , 1967, that (I) (we) last saw the acceased alive an + 20 1967, and that death accurred at 115 M, fram causes and an the date stated above							
	saw the a	eceasea alive an	Feb- "	20 1967, and tha	t death accurred at	4/5 M, fram causes and	an the date stated above		
	22o. SIGNATURE	() < 0,	2011	Hash	ATTENDING CO	MED CTACE	DATE SIGNED		
	22c PHYSICIAN'S	Tw.	ince	M.I	PHYS. LET	DIRECTOR LI PHYS LI	2-21-67		
	NAME (Type		Elmer	r Harp M.D.		town, Maryland			
230	a BURIAL, CREMATIO			T 23c NAME OF CEMETERY OR		23d .OCATION (City or Town)	(County) (State)		
	BENOVAL Specific	2/23/		Lutheran C		Middletown, F			
2	4. FUNERAL DIRECTO			ADDRESS		D BY REGISTRAR 2Sb. REGISTRA			
	Gladhil	1 Company.	Midd	lletown. Mar	vland wife	DO A ADDT OFTI	and a ladge		



		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
· M	1	02204	CERTIFICATE OF DEATH	E 1, MARTLAND ກ່າວກາ				
REAL	抗	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, Ja-Instit	ution: Residence before admis				
		FREDERICK	MARYLAND INTA VLANA	PRALL				
		b. CITY OR TOWN (if outside corporate limit write RURAL and give nearest town)	is, c. LENGTH OF STAY IN Ib c. CITY OR TOWN (If outside corporate limits, write RUI	(AL and give neerest town)				
	-	FREDER CK	if not in hospital, give street edgrads) a. IS RESID				
20	N	LONOCACY HALL!	NURSING HOME	ON A F				
	3.	NAME OF DECEASED	Middle Last 4. DATE Month	Day Year				
	-	(Type or print) OBERT SEX 16, COLOR OR RACE	A E E DERTH P. DERTH P. AGE (in years IF U	7 196				
	1	MILLE WILLIE		nihs Days Hours				
7	100	TOOLIN OCCO. LINGS IN FOLK OF MOIN	10b. KIND OF BUSINESS OR INDUSTRY / 11. BIRTHBLACE (County & State, or foreign country)	12. CITIZEN OF WHAT CO				
ž	A A	ne during most of working life, even if refire ECTION FOREMA	N KAILROAD MARYLHND	0,5				
	13.	TALL IN DETER	14. MOTHER'S MAIDEN NAME	16				
	15.	WAS DECEASED EVER IN U.S. ARMED FOR	MILLER QUSAN HARBAUGE CEST 16. SOCIAL SECURITY NO. 17. INFORMANT					
	(Y	s, no, er uhkown) (If yesqivb war or detes of s	UNKNOWN MRSEDITH MOXLEY UNION	BRIDGE				
		1B. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	cause per lina for (e), (b), end (c).	ONSET AND DE				
		IMMEDIATE CAUSE (a)	Cerebral thrombosis a Mitsaphasia	- 2 year				
		Conditions, if any, which (b)	arteriorclaritic CVD I will impraished for	lun 5 years				
		gave rise to immediate couse (a), stating the underlying DUE TO	C V					
	7	Cause last, (c)	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AU				
2	ATION	Tring it. within olderly graph graph		PERFORI YES N				
	CERTIFIC	20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part Lor Part II of item 18.)					
	1 .	(IF EITHER, NOTIFY MEDICAL EXAMINER)		(County) (S				
	MEDICAL	20c. TIME OF INJURY Month, Day, Ye-	ar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) While Not While fectory, street, office bldg., etc.)	(5001119)				
	2	p.m. 19 21. I certify that (I) (this hospi	tal) attended the deceased from 9 20 20 1966, to 2117	, 19.6.7, that (I) (w				
		saw the deceased alive on	. 「					
		22a. SIGNAFURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	1/10/1-				
		22c. PHYSICIAN'S	M.D. PHYS. LD DIRECTOR PHYS.	1015-1				
1		NAME (TYPO) JAMES	E. STONER JR WALKERSVILLE, M	d				
	1	BURIAL, CREMATION, 236. DATE THE	REOF 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town of	county) Ms (Stet				
1-1	1 2	THINE OL URREGION'S SIGNATURE	ADDREST 250. REC'D BY REGISTRAR 25b. REGIST	RAN'S SIGNATURE				
2	X	Wharker He	753 UNION BRIDGE MAJOREB 21 1967 YOU	erlog lange				
				17 0				

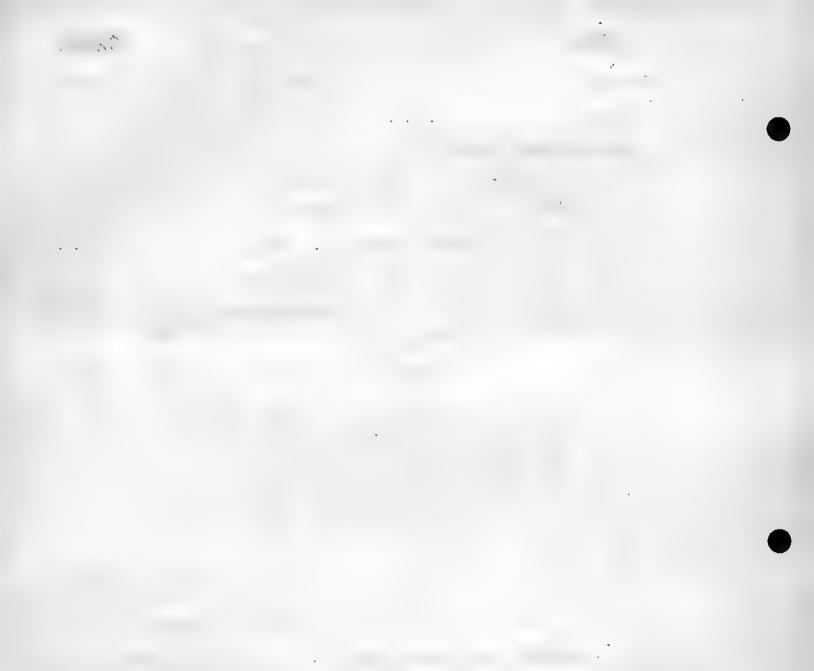


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02205 requires that the death certificate be executed within 24 hours after death. 2 USUAL RESIDENCE (Where deceased lived if institution PLACE OF DEATH campletely filled in by the funeral a. COUNTY o. STATE **b** COUNTY Frederick Maryland Frederick MARYLAND b. CITY OR TOWN (If autside corparate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Brunswick IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IIEast'B'Street same YES NO K Middle 4. DATE NAME OF First Last Month Day Year DECEASED OF FRANKLIN ODEN 106 WILLIAM Type or print DEATH IF JNDER 1 YEAR IF JNDER 24 HRS S SEX 8. DATE OF BIRTH AGE (In years 5 COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Months Days Haurs M WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 13. BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT 10a JSUAL OCCUPAT ON (Give kind of work done during most of working life, even if settled)
10 tired Boiler COUNTRY R.R. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, Margaret Catherine Oden unknown 17 INFORMANT Address IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates at service) 705/10/2831 Ruby Reed Brunswick Md. burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per type for (a), (b), and (c)) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by DUE TO 18 4 Conditions, if any, which gove rise to immediate cause (a). DUE TO as the priar tal stating the underlying cause has been last. 19. WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use of the Dept. of Health p CERTIFICATION NO O FUNERAL DIRECTOR: After this certificate 20a. ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Not While at work 21. I certify that (1) (this Kespital) attended the deceased fram_ 7_-7_- 1947 . to and that death accurred at cf & M, fram causes and an the date stated above saw the deceased alive of 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR PHYS director, page 3 shauld be filed v PHYS 22d ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) St. Paul's Cemetery Point 10 OF Rocks 11-2So REC'D BY REGISTRAR Brunswick, Md. 1967 20 M 1/66 DATE

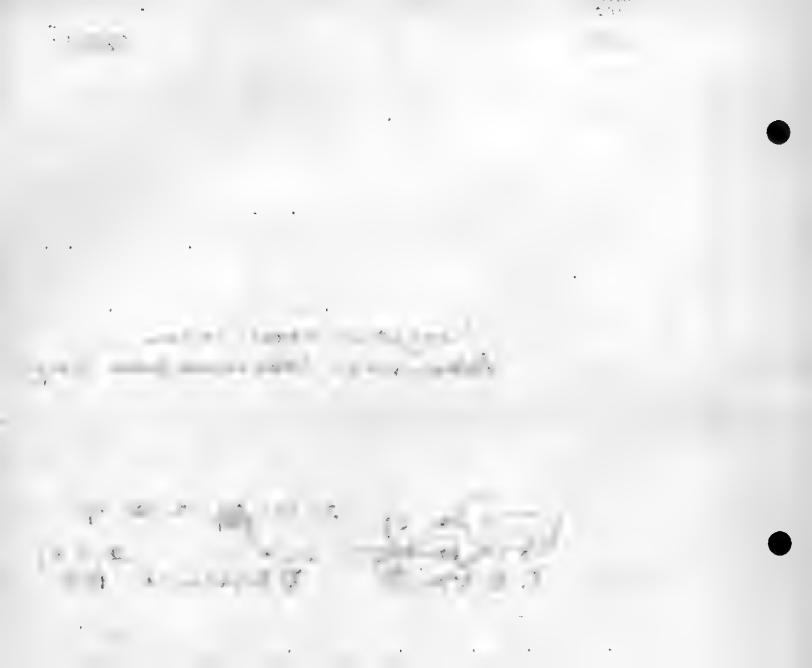


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02206 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02202 HEALTH DEPT 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Montgomery Frederick MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate linits C LENGTH OF STAY IN 1b pub write RURAL and give nearest town) Brookville Frederick d NAME OF HOSPITAL OR NST TUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE farworded to the Chief Medical Examiner's Office along with form ON A FARM? Grederick Memorial Hospital Box 87 YES NO [3 NAME OF M ddle Last 4 DATE Manth Day DECEASED OF DEATH Jebruary Warren Cecil Pond 6 COLOR OR RACE 7 MARR ED NEVER MARR ED B DATE OF BIRTH 9 AGE (In years IF JNDER 1 YEAR last birthdoy) White June 26, 1905 event within 72 hours after deoth. W DOWED D VORCED 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of warking ite, even if retired)

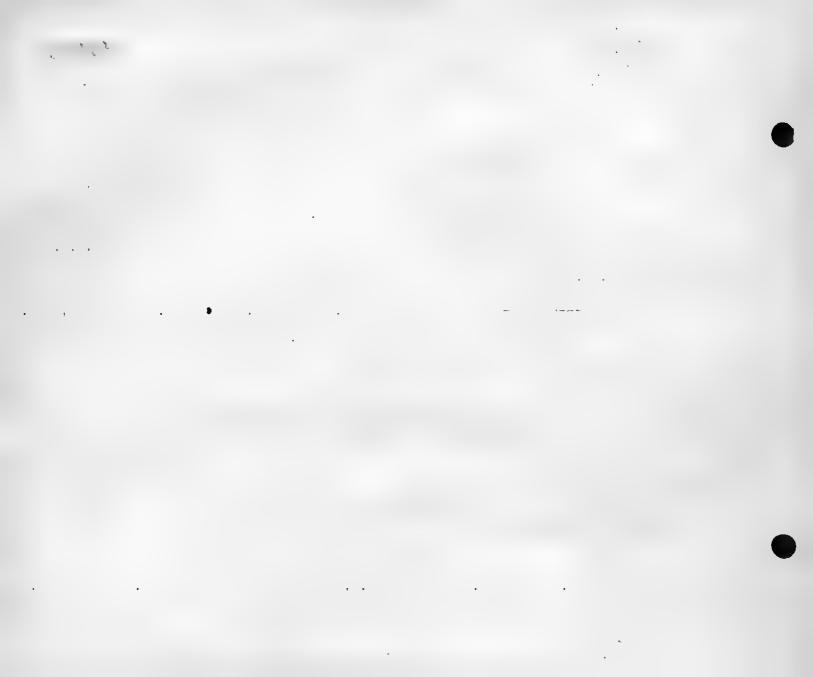
Huditor Internal Revenue Ser. r. 9llinois
14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Unknown Ollie Lane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 11320 Cherryhill Road Beltsville, Maryland (Yes no, or unknown) (If yes give war ar dates of service) Claire Patenande 1B CAUSE OF DEATH (Enter only one couse per top for (a), (b), and (c)) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) writing the word DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse 19 WAS AUTOPSY PERFORMED? PART JU OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 200 EXTERNAL CAUSE WAS PR MARY OF CONTR BUTING CAUSE OF DEATH 20d NJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20c TIME OF N.JRY Month, Day, Year (City or town) Nat While at wark YOLF of work 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection , Inquiry and in my apinion death resulted fram. Natural causes Accident 1 Suicide . Hamicide Undetermined manner the funerol director 5 may be retained TO FUNERAL DIRECT CHIEF MEDICAL EXAM NER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Address (Street, city, town, or county) 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION 23b DATE THEREOF (Caunty) Burial (Specify) Congressional Cemetery Georgia Avenue VR A 15ME (5) FEB 9 6M 1/67 DATE



0000			CORDS, 301 W. PRESTON STREET, BALTIMORE, MARY			
0220		CERTIFICATE	OF DEATH	022	03	
1. PLACE OF DEATH o. COUNTY Freder:		MARYLAND	o. SIME Maryland	ceosed lived, if institution: Residence b. COUNTY Frederic	k	
b CITY OR TOWN write RURAL of Knoxvi	(If autside corparate limits, and give nearest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If outside cor Knoxville	porate limits, write RURAL and give a	neorest town)	
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in hospite		d. STREET ADDRESS		e IS RESIDENCE ON A FARM? YES NOX	
3. NAME OF DECEASED (Type or print)	First Izora			ATH February 28,		
s sex Female	6. COLOR OR RACE 7. MARRIE		8. DATE OF BIRTH Sept. 18,1873	99 Yrs 9	TO Hours Min	
during most of working Housew:	N (Give kind of work done 10b. p life even if retired)	KIND OF BUSINESS OR INDUSTRY Home	11 BIRTHPLACE (County & Stote of Yarrowsburg)	CON	TEN OF WHAT NTRY? S. A.	
13. FATHER'S NAME George	W. Hahn		Lydia Smith			
15. WAS DECEASED EV			s. Lena Gregg,	Address Knoxville, Md.		
Conditions, if on rise to immedia stoting the und	orte couse (o), erlying couse (c)	texament.			2 av	
PART II. OTHER	SIGNIFICANT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO	
20g ACCIDENT W	G □ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or	Port II of item 18 }		
OR CONTRIBUTION (IF EITHER, NOTIF	Y MEDICAL EXAMINER)					
20c TIME OF IN	Y MEDICAL EXAMINER) JURY Month, Doy, Yeor 20c .m. Wi		CE OF INJURY (Home, form, 20 tory, street, office bldg., etc.)		ty) (State)	
20c TIME OF IN Hour of 21. I cert saw the c	Y MEDICAL EXAMINER) JURY Month, Doy, Yeor .m. 19 vify that (1) (this herpital) att deceased olive an	hile Not White foct	ory, street, office bldg., etc.)	ta 2-28-, 19 PM, from causes and on the	, that (I) (we) la dote stated obov	
20c TIME OF IN Hour of Part of the Company of the C	Y MEDICAL EXAMINER) JURY Month, Doy, Yeor June 19 Lifty that (I) (thus he outal) att decease polive an	hile Not White foct	t deoth accurred a ATENDING DIRECTO	M, from causes and on the	, that (I) (we) la dote stated obov	
20c TIME OF IN Hour of Phore of Physician Saw the Carlo Signature 22c Physician NAME (Typ	Y MEDICAL EXAMINER) JURY Month, Doy, Yeor Lm. 19 iffy that (I) (thus horizat) att decease olive an	hile of work of other of the deceased fram, and that	t death accurred a Description of the Description o	ta 2 - 28 - 19 CM, from causes and on the R PHYS 22b. DAT	, that (I) (we) la dote stated obov	
20c TIME OF IN Hour of Saw the control of Signature 22c SIGNATURE 22c PHYSICIAN	Y MEDICAL EXAMINER) JURY Month, Doy, Yeor Jury Month, Doy, Month, Doy, Yeor Jury Month, Doy,	hile work of work of the deceased fram	t death accurred a DIRECTO ATTENDING DIRECTO 22d. ADD ESS CREMATORY 23d	ta 2 - 28 - 19 km, from causes and on the PHYS 22b. DAT COCATION (City or Town) (City or Town) (City or Town)	, that (I) (we) la dote stated obov	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02208 CERTIFICATE OF DEATH deoth. contificate be executed within 24 haurs after death. physician and campletely filled in by the funeral len please remaye carban papers. Pages 1 and oval, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH Frederick o. COUNTY o. STATE b. COUNTY Maryland Frederick MARYLAND C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL mad give nearest town Frederick months d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Toll House Avenue Frederick Nursing Center YES NO TE 3 NAME OF First Middle Lost 4. DATE Month Day Year DECEASED MARY PRICE HAGAN 5. 1967 February (Type or print) DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Davs White Female Nov. 22, 1891 WIDOWED K DIVORCED 10a JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Frederick. Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal, Henry J. D. Hagan Lydia Elizabeth Best 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address The law requires that the death, (Yes no, or unknown) (If yes give war or dates of service) 214-10-1631D Mr. Osborne I. Price, Jr. Los Altos, Cal. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p burial, crematic PART I, DEATH WAS CAUSED BY MYELOMA ULTIPLE IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been a stating the underlying cause director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CHRONIC TARDEA CUTANEA ORPHRIA YES 🕏 NO \square 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or fown) (County) (State) factory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram. 19 67 that (12 (we) last , 19 62, to 2/5 19 6 7, and that death accurred at 10 AM, fram causes and an the date stated abave. saw the deceased alive an. 22b DATE SIGNED 22a. SIGNATURE MED DIRECTOR 2-5-1967 22d ADDRESS 22c. PHYSICIAN'S XXX 804 Toll House Ave. Frederick, Md. NAME (Type) Dr. Richard C. Reynolds M.D. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d LOCATION (City or Town) (State) 23o BURIAL, CREMATION, Bur (Specify) 2-8-1967 Mount Olivet Cemetery Frederick, Maryland 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Frederick, Maryland DATE FEB Dailey & Son



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 02209 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution a COUNTY > c. CITY OR TOWN (If outside corporate mils write RERAL and give nearest town) and 2 with the Stote Department of DERICA auts de carparate limits, MARYLAND r. LENGTH OF STAY IN 1b. and FREDERICK OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Office ofong with form ON A FARM? YES □ NO [be executed within 24 hours ofter death. 3 NAME OF Midd e Year DECEASED (Type or print) AGE (In years 7. MARRIED NEVER MARRIED Months Days Haurs WIDOWED er death 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most at warking life, even if retired) in pencil i 13. FATHER'S NAM please execute the certificate, writing the word "pending" in pencil director. Page 4 should be forwarded to the Chief Medical Examig crematian, or removol, and in any event within 72 hours FLO 15 WAS DECEASED EVER IN L.S. ARMED FORCES? 18 CAUSE OF DEATH (Enter only one cause per Kneyfot (a), (b) and (c),
PART I DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave (b) rise ta immediate couse (a), DUE TO stating the underlying cause be used as WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTR BUTING ☐ CAUSE OF DEATH, 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18 3 should 20e PLACE OF INJURY (Hame form 20c TME OF NJLRY Month, Day, Year (County) factory, street affice bldg, etc.) Not While be retoined for your 120196 O FUNERAL DIRECTOR: Page at work 21. I certify that I taak charge of the remains described above, he'd an Autapsy Inspection and in my apinian Health prior to buriof, death resulted fram Accident [the funeral director. Natural causes Sukide Hamicide Undetermined manner CHIEE MEDICAL EXAMINER 22. DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may Address (Street, city, town, ar county) NAME (Type) 23d LOCATION (City or Town) (County) 25g REC'D BY REGISTRAR 2Sb REG STRAR S SIGNATURE VR ATSME (5) Wilconta Dudge

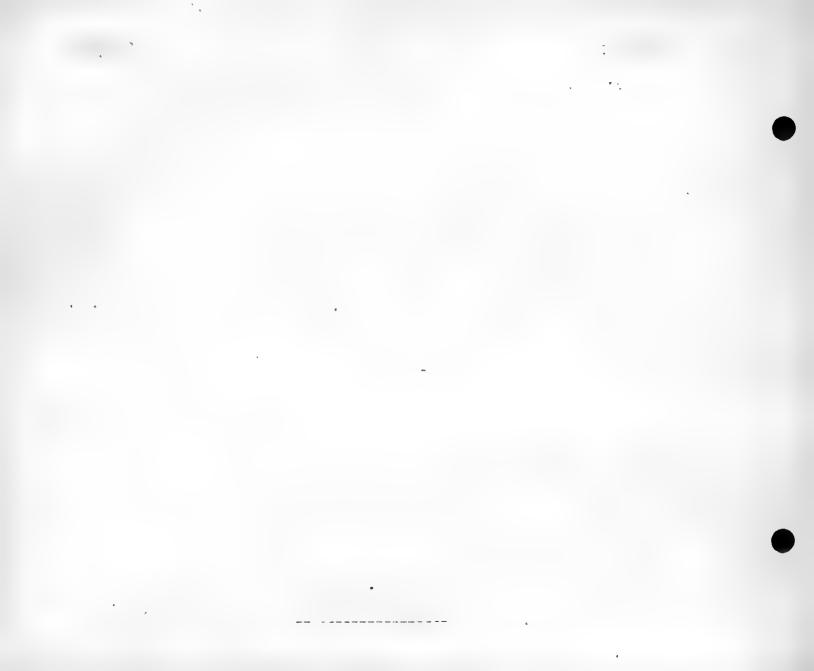
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. ond completely filled in by the funeral, remove corbon papers. Pages 1 and 2 mony event, within 72 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) · COUNTY Frederick a. STATE Haryland **b.** COUNTY Frederick MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neprest town)
Frederick Frederick vears d NAME OF HOSPITAL OR INSTITUTION (H not in hospitof, give street oddress)

1200 North Market Street d. STREET ADDRESS IS RESIDENCE ON A FARM? 1200 N. Market Street NO X Midd e E. 3 NAME OF DATE Year SCHILDKNECHT DECEASED MAMIE **FEBRUARY** 67 (Type or print) DEATH DATE OF BIRTH 9. AGE (In years 5 SEX IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7 MARRIED NEVER MARRIED K load bythdoy) Hours White December 20. 1883 Female. DIVORCED T WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ket. Dept. Store Clerk None Frederick. Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER 5 NAME Josiah E. Schildknecht Rebecca Hessona buriol, cremotion, ar remove IS WAS DECEASED EVER INUS ARMED FORCES (No no, or unknown) (Hypergive was as dates of service) 214-10-3279 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Fred. Mrs. Harry C. Gilbert 1200 N. Market St. Md. INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond-(c),
PART I. DEATH WAS CAUSED BY: signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the haspital or attending physician DUE TO Conditions, if any, which gove nse to immediate couse (a), DUE TO stoting the underlying couse directar, page 3 should be detoched for use os the l should be filed with the State Dept. of Health priar to l O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the 19 WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO Z 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Not While of work 19 of work 1957, to 2-2/-, 1867, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from. 1965, and that deoth occurred at ________AM, from causes and an the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. 2-21-1967 DIRECTOR M.D. 220 N. Market Street Frederick, Md. 22c PHYSICIAN'S Dr. Rex R. Martin M.D. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) 23o BURIAL, CREMATION, REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland Frederick, Maryland Dailev &



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02217 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution. Residence before odmission) Germany o. COUNTY SCEED MEDIC Page 0 ŧ death. Frederick MARYLAND b CIY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN TH c CITY OR TOWN (If puts de corparate limits, write RURAL and give negrest tawn) pup write RURAL and give nearest tawn) after Germany Departr Minutes Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE hours form ON A FARM? Frederick Memorial Hospital Pages YES [NO X orte death 3. NAME OF Eirst Middle 4 DATE Year Lost DECEASED 1067 OF February Elizabeth Schweizer Give Lucie Johanna (Type or print) = with. JE .. NDER 24 HRS S SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 58 birthdovi Months Dovs Hours Min. in Item 18. July 4.1908 WIDOWED DIVORCED White Female 24 hours event and. 100 USUA, OCCUPAT ON (Give kind of work done KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or fore an country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Germany gny (Germany Examiner's pages pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within ⊆ Martha Bach Kliesener Rudolf E pap IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO Address permit. remayal. (Yes, no, or unknown) (If yes give wor or dotes of service) Jrs.Floyd Dennison, Fort Bragg, N. C. No INTERVAL BETWEEN IB CAUSE OF DEATH (Enter on vione couse per line-for (o), (b) and (c) burial-transit ONSET AND DEATH PART I DEATH WAS CAUSED BY ь IMMEDIATE CAUSE (o) This certificate should crematian, 4201 the ward DUE TO Conditions of only, which gove (b) use to immediate couse (a). DUE TO stating the underlying cause o writing Xears lost 05 burial, nsed WAS AUTOPSY PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? please execute the certificate, YES NO 2 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter notice of injury in Port or Port (Lof Item 18.) agent, priar shauld PRIMARY OF CONTRIBUTING should EDIT AL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TiME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour om Wh le Not While factory, street, office bidg , etc.) may be retained for your FUNERAL DIRECTOR: Page 19 at work of work designated 2) I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion director death resulted fram: Accident Suicide Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral O DEPUTY ö DEPUTY MEDICAL EXAMINER **EXAMINER'S** Robert Thomas, M.D. Health Address (Street, city, town, or county) NAME (Type) the 23c NAME OF CEMETERS DESCRIBE BURIA, CREMATION 23d LOCATION (City of Town) (County) 0 Cramation Hillcrest HERMAN 2Sp REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Etchison & Son. DATE 6M 1/66 Frederick. Maryland



		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
# 16 D		02212 CERTIFICATE O	F DEATH	NSSU8
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d cor		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE C		UNDER 1 YEAR IF UNDER 24 HRS.
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iffical siciar nove		10s. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. 81 done attring most of working tife, even in etired)	IRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
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the cuttern		15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORM (Yes, no, or unknown)		
that the ships of		_NO 2/3-63-16/2 MARY	SHAFFER UNION	V BNIDGE 11.
ician by ermi		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
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hos certi r use		= 208, ACCIDENT WAS UNDERLYING 206, DESCRIBE HOW INJURY OCCURED, (Enter n) · · · · · · · · · · · · · · · · · · ·
EE 하는 한 학생		OR CONTRIBUTING [] CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER)		
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The Strain		M.D. PH	YS. DIRECTOR PHYS.	2-10 67
Pag NER or, pa		NAME (Type) DR JH CARICOFE	INION BRIDGE	MD
Barb.		238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREM	MATORY 23d. LOCATION (City, town	er county) (Stafe)
Colora Colora	0	BURIAL 2/9/67 PIPE CREETS 24 FUNERAL DIRECTOR'S, SIGNATURE ADDRESS	250, REC'D BY REGISTRAR 256, REGIS	STRAR'S SIGNATURE
VR A15 15M 7		1010 Hastolan & Sonn Union Bridge 7	DATE FEB 8' 1967	Micros Judge.
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY A. STATE b. COUNTY Pages 1 urs after Frederick Frederick Larvland MARYLAND City OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours Freuerick Years Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Montevue Infirmary Frederick, Maryland etely carbon NAME OF First Middie Last DATE Month remove carbo DECEASED (Type or print) **EMITA** DEATH February ELIZABETH SHAW 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months | Days in any Nev. 5. Female White WIDOWED K DIVORCED 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) lease and 2 Domestic Frederick County . Md. Thysi 70. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Then Then Samuel E. Shaw Alice Null Shaw 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) \(((If yes give war or dates of service)) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md; transit permit. cremation, or p death Miss Katherine Shaw. 201 L. Second St. Nø 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by the burial-transit burial, cramat law requires that the PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a 400 DUE TO Conditions, If any, which (b) been gave rise to immediate まま **DUE TO** cause (a), stating the underlying cause last (c) as Se CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate nis cer. etached for 20a. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) det factory, street, office bldg., etc.) Hour a.m. While Not While be Stat at work p.m. at work DIRECTOR: A age 3 should lied with the v 21. I certify that (I) (this hospital) attended the deceased from and that death occurred as \$25 Me from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING PHYS. Feb. 11,1967 DIRECTOR M.D. PHYS. may TO FUNEMENT DE director, pr FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type) Rey T. Davis 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mount Olivet Cemetery Frederick, Maryland 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR I M. R. Etchison & Sen. Frederick.

MARYLAND STATE DEPARTMENT OF HEALTH

Marylandbate

e. IS RESIDENCE ON A FARM?

Year

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Hours

INTERVAL BETWEEN ONSET, AND DEATH

WAS AUTOPSY PERFORMED?

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S. A.

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick b. COUNTY Frederick Marvland MARYLAND b. CITY DR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Life Frederick 21701 Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 326 East Patrick Street Maryland Odd Fellows Home ND K YES mpletely carbon p executed within 3. NAME DE First Middle Year DATE DECEASED SHAW (Type or print) MAY GERTRUDE February **OEATH** 26, 19 67 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Hours Min. 7. MARRIED NEVER MARRIED and White Female 10 June 1885 WIDOWED A DIVORCED [81 1Da. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRT HPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY COUNTRY? House-work Own Home Frederick. Md. U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Georgianna Phillips Bernard Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. death (Yes, no, or unknown) | (If yes give war or dates of service) 214 10 1138D Maryland Odd Fellows Home (Same as item #1) No 18. CAUSE OF CEATH [Enter only one cause per lipe for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH -transi PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 626214 gned been signed the burial-tr or to burial, c Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. 35 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate NO X YES | the hospital 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 1) of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at saw the deceased alive on. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. DIRECTOR STAFF Feb. 27-1967 PHYS. 22c. PHYSICIAN'S FUNERAL **ADDRESS** director, p should be 1 22d. NAME (Type) Bernard O. Thomas-Jr. 228 N. Market St., Frederick, Md. 21701 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 3/1/67 Mount Olivet Cemetery Frederick. Md. 21701 Buria**1** 24. FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTBAR'S SIGNATURE M. R. Etchison & Son. Frederick, Md. 21701 VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death: 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Frederick Maryland Frederick MARYLAND b. CITY DR TDWN (if outside corporate limits, write RURAL and give peacest town)
Frederack C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) days Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET AOORESS DN A FARM? Frederick Memorial Hospital 264 Dill Avenue YES NO NO 3. NAME OF First Middle Last DATE Month Day DECEASED (Type or print) DEATH Joseph 196 5. SEX 7. MARRIED X NEVER MARRIED AGE (In years | IFUNDER 1 YEAR | FUNDER 24 HRS (ast birthday) Months Mhite March 17, 1892 Male WIDDWED [OIVORCED [10a, USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT The law requires that the death certificate be during most of working life, even if retired) **INCUSTRY** Frederick County. Md. None 13. FATHER'S NAME 14. MOTHER'S MAICEN NAME Joseph Filmore Shriner Laura May Eiler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Mrs. Nettie M. Shriner 264 Dill Ave. Fred. Md. 705-12-2152 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last, PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ND DR 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from 19 60 to 19/67, and that death occurred at IIP M, from the causes and on the date stated above. saw the deceased alive on 22a, SIGNATURE OATE SIGNED ATTENDING X MED. DIRECTOR M.O. PHYSICIAN'S 22d. AOORESS NAME (Type) OATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. LOCATION (City, town or county) REMOVAL (Specify) Thurmont, Maryland 5**-1967** Blue Ridge Cemetery ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Frederick. Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. an, and campletely filled in by the funeral last remave carbon papers. Pages 1 and 2 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h c CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont Weeks IS RESIDENCE ON A FARM? d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Frederick Memorial Hospital Meadow Lane NO X 3. NAME OF Middle 4. DATE Day Year DECEASED
(Type or print) OF DEATH 19 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH 9 AGE 1F UNDER 6. COLOR OR RACE 7 MARRIED NEVER MARRIED (in years lost buthday) Manths Days Hauss M.n. 3-28-1888 white male WIDOWED X DIVORCED Joa LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Glass Cutter INDUSTRY Baltimore, Md. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Sarah (unknown) Unknown 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war or dates of service) 212-10-8781 Thurmont, Raymond C. Skipper INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I. DEATH WAS CAUSED BY OMSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed 1 Conditions, if ony, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the has been last. PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate ā 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of infury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20f. (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at work 🔲 21. I certify that (1) (this hospital) attended the deceased from 1967, that (1) (we) lost 1967, to. be retained shauld 19 6 7, and that deoth occurred at 930 AM, from causes and on the date stated above saw the deceased olive an. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 9 director, shauld be 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b DATE THEREOF (County) B REMOVAL (Specify) 2-11-67 Mt. Olivet Cemeterv Frederick Fred. APORESS ger 25a. REC'D BY REGISTRAR 251 REGISTIVAL SIGNATURE 24. FUNERAL DIRECTOR Raymond Treager Thurmont. DATE Md.



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND manufacture to CERTIFICATE OF DEATH fumeral should after PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) . COUNTY b. COUNTY Frederick \$ 7 £ MARYLAND Maryland Frederick by the and death b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ,E = 5 Frederick Frederick vears within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 235 E. Second St. YES NO E. Second S completely NAME OF paper n 72 l Middla Year DECEASED OF and comp carbon pz nt, within (Type or print) Clarence DEATH Raymond Slack 19 February 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Male White WIDOWED DIVORCED Nov. гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) U. S. A. Electrician Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E, ing Frederick Slack Carrie Lickey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Md. Mrs. Eleanor M. Slack-235 E. 2nd. St. - Frederickby the permit. CAUSE OF DEATH [Enter only one cause per line for ta), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ö COROWARY THROMBOSIS MINUKS been signed IMMEDIATE CAUSE (e) DUE TO HYPERTENSIVE ANTERIOSCLEROTIC HAMPT DISENSE Conditions, it any, which gave rise to immediate cause DUE TO (e), stating the undarlying hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(4): 19. WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? STENUSIS MORTIC YES NO T USe 20a. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Iram 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 20a. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Hour e.m. Not While 0 at work at work Dept. 21. I certify that (I) (this hospital) attended the deceased from. ARIL, 19. 10 to.... I.E.B......., 19. 7 that (I) (we) last and that death occurred at 5:450 from the causes and on the date stated above. 22e. SIGNATURE 22b, DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR death. Page 4 PHYS. M.D. page with t 22c. PHYS!CIAN'S 22d. ADDRESS NAME (Type) Dr. Richard C. Reynolds filed v House Ave .- Frederick-Md. 21701 23a, BURIAL, CREMATION, 23b, DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O.F. ic Cemetery Frederick, Md. 21701 St. John scathol BURTAI 250. REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE M.R. Etchison & Son VR A15 (4) Frederick, Md. 21701 DATE 20M S-63

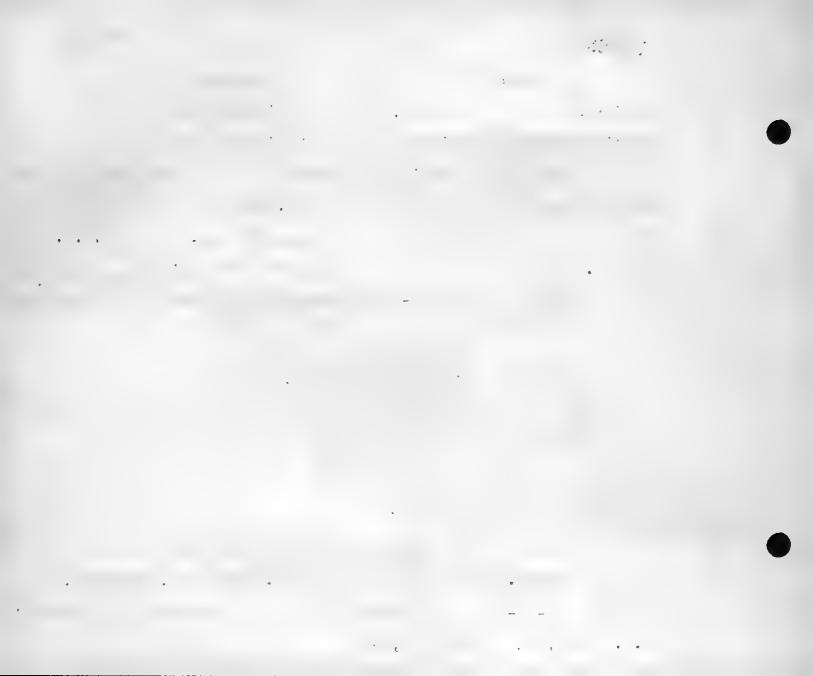
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after o a. STATE Frederick Maryland **MARYLAND** Frederick CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Frederick
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Frederick d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Frederick Memorial Hospital 50 Lincoln Apts NO X within letely completely we carbon 3. NAME OF First Middle Last 4. DATE Month Day DECEASED event, (Type or print) Lucille DEATH February 11 19 67
AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Carrie Thomas executed 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH ove 9. NEVER MARRIED last birthday) | Months | Days Hours any physician and WIDOWED X Female Negro WII

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nov 11. DIVORCED 62 1904 .5 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY and COUNTRY? *** Mongomery Co.Md U.S.A Cook certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending pit permit, Then John T. Price Mollie Washington 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address rederick . Md 17. INFORMANT 16. SOCIAL SECURITY NO. death ö (Yes, no, or unkown) (If yes give war or dates of service) Thomas 47 John Hanson Apt cremation, Miss Minnie 2626262626 -6305 been signed by the the burial-transit or to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT 19. WAS AUTOPSY r this certificate hetached for use te Dept. of Health for use Health use PERFORMED? YES X NO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work v that (I) (we) last 21. I certify that (i) (this hospital) attended the deceased from DIRECTOR: Jage 3 should lied with the and that death occurred at 3 A M, from the causes and on the date stated above. saw the deceased alive on de-22a. SIGNATURE 22b. DATE SIGNED 2-11-6 H DIRECTOR PHYS. HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS TO FUNERA director, should be NAME (Type) Rex_R. Market St.Frederick, Md Martin 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial airview Frederick Y REGISTRAR | 25b. | F 24. FUNERAL DIRECTOR REC'D BY REGISTRAR B VR A15 (4) C.E. Hicks, 111 Frederick, Md DATE 20M 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT: 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY delay is and 3 to A3. Page MARYLAND) Maryland Frederic

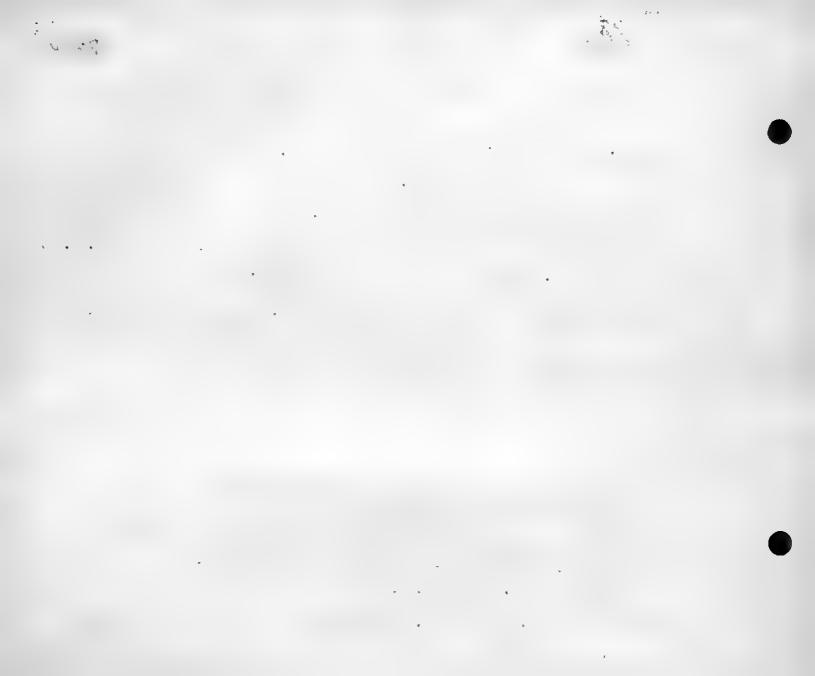
c. CITY OR TOWN (if outside carporote limits, write RURAL and give neores) town) Frederick Frederick b CTY OR TOWN (If outside carporate I mits, write RURAL and give neorest tawn) CLENGTH OF STAY N. 15 puo P.M.3. haurs ofter Life Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) B IS RESIDENCE ON A FARM? 15 S. Bentz St NO X Give Pages 15 South Bentz St Office alang with 3. NAME OF 4 DATE Year with the St DECEASED 19 67 Timpson February (Type or print) NMN DEATH IF UNDER 1 YEAR S SEX 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthday) Manths Dovs Hours Male Negro
10a JSUAL OCCUPATION (Give kind of work done DIVORCED 28.1908 58 and 2 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or Foreign country) 12 CT ZEN OF WHAT duting most of working life, even if retired) INDUSTRY pages 1 in any Frederick Co, Md
14. MOTHER'S MAIDEN NAME This certificate shauld be executed within 24 Brick Mason
13 FATHER'S NAME Maria de Maria de Maria Rachel Price George Timpson

IS WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [If yes give wor or dates of service File 16 SOCIAL SECUR TY NO 17 INFORMANT Balto.Md permit. or remayal, 233-05-4257 George Timpson 336 Melvin Ave No 18 CAUSE OF DEATH (Enter only one cause per INTERVAL BETWEEN PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) e, writing the ward farwarded ta the Ch ige 3 should be used as a burial-tra agent, pnor ta burial, crematian, DUE TO arten Occhinion Canditions, flony, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) 3 should PRIMARY Or CONTRIBUTING AAL EXAMINER: CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form 20c. TIME OF INJURY Month, Doy, Year (City or fown) (County) (State) Haur o.m. factory, street, affice bldg., etc.) Not While FUNERAL DIRECTOR: Page of wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XI Inquiry 1 and in my opin on Notural couses X. Accident ... Suicide Undetermined manner death resulted from: Homicide CHIEF MEDICAL EXAMINER O DEPUTY ME ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** J. Thomas, M.D. 5 may b 10 FUNER Health o Robert Address (Street, city, town, or county) Frederick NAME (Type) 23a. BURIAL, CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (Caunty) (State) Burial 2-26-67 Frederick Md St.Pauls Church Della 25b REGISTRAR'S SIGNATURE 250 RECD BY REG STRAR DATE FEB 28 24 FUNERAL DIRECTOR 1967 VR A15ME (5 C.E. Hicks, 111 Frederick, Md



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02221 CERTIFICATE OF DEATH and 2low requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission 1 PLACE OF DEATH a. COUNTY **b.** COUNTY Frederick Marvland Frederick remove carbon popers. Pages 1 in ony event, within 72 hours ofter MARYLAND c CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corparate limits, weste RURAL and give negrest town Rural Knoxville IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO 17. 3 NAME OF Middle 4 DATE First Lost Manth Day Year DECEASED OF Walter 67 C. Tucker 2 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (n years 7. MARRIED NEVER MARRIED last birthdoy) Dovs 6/5/T905 Male White MIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of warking life, even if retired) R pleose INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas Howard Tucker Hattie Gross 15 WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address Loudell Mazie Tucker Knoxville Md. burial, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) INTERVAL BETWEEN signed by the c burial-transit p SONSEL AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Edena IMMEDIATE CAUSE (o). Canditions, if any, which gave Pulmonary Heart Disease 4 vrs. rise to immediate cause (a) DEE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been ₽ of Health prior to (c) Pulmonary Emphysema with Asthma vrs PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. JON GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use YES [NO [2] for 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port 11 of item 18.) 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc) **Not While** director, page 3 should be de should be filed with the State 21. I certify that (I) (this haspital) attended the deceased fram Peb. 1 1907 to Peb. 21 . 19 67 that (1) (we) last saw the deceased alive and Co = 1967, and that death accurred at $\frac{\sqrt{4-P}}{M}$, fram causes and an the date stated above 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. Feb. 22,1967 DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Gum Spring Hollow, Brunswick, Md. NAME (Type) T. Byron Kao, M.D. 23d. LOCATION (City at Town) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) (Caunty) Burial
24) FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE AND BO REC'D BY REGISTRAR arre Brunswick, Md. VR A15 (4) Clearelly 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) a. COUNTY Frederick a_SJATE ō Frederick Marvland c (TY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) b (ITY OR TOWN (I autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Years Frederick Frederick d NAME OF MOSPITA. OR INSTITUTION (Enat in haspital give street address) S RESIDENCE ON A FARM? d STREET ADDRESS pending" in pencl in Item 18. Give Pages 1, effect Medical Examiner's Office along with form 113 A. West Third Street 113 A. West Third Street NO DX This certificate should be executed within 24 hours ofter death 3 NAME OF M ddle 4 DATE First Year Last OF DEATHFebruary DECEASED 19 67 in pencl in Item 18. Give WEAVER (Type or print) BYRDIE M. IE UNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH 9. AGF (In years S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED birthday) Months Haurs Dec. 9. 1893 ofter death. White WIDOWED 5 DIVORCED Female 11 BIRTHPLACE (State or foreign country) 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 C TIZEN OF WHAT during most of working life, even if retired) Frederick, Maryland Housewife 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME Cora Mae McAlister Marshall S. Grumbine 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 16. SOCIAL SECURITY NO Frederick, Md/ (Yes, na, ar unknown) (If yes give war or dates of service in ony event within 212 05 0812 П William H. Weaver, 521 Lee Place, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY 4 should be forwarded to the Chief IMMEDIATE CAUSE (a) writing the word DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS ALTOPSY PERFORMED? removal, CERTIFICATION NO. 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of item 18.) 3 should PRIMARY CONTRIBUTING C CAUSE OF DEATH cremotion, 20e, PLACE OF INJURY (Hame, farm (Cty or town) (County) (State) 20c TIME OF INJURY Manth, Day, Year 20d N. LRY OCCURRED factory, street, affice bldo., etc.) Not While at wark of work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry , and in my apintan Natural causes Accident Undetermined manner funeral director. death resulted fram Suicide . Hamicide be retained 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER moy be re FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy O FUNE Hea th Rebert J. Thomas, M. D. Address (Street, city, tawn, ar county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION REMOVAL (Spec fy) Feb. 13, 1967 St. John's Cemetery Frede Frederick, Maryland
REGISTRAR 25b REGISTRAR'S S GNATURE 24 FUNERAL DIRECTOR VR A 15ME (5) M. R. E. chison & Sen, Frederick, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick Frederick Mary land MARYLAND c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give Route 88.X \$355 Rural Frederick the d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? DOA Frederick Memorial Hospital State hours Betsy Ross Trailer Court NO X NAME OF Month Last DECEASED HARVEY WILDER February C (Type or print) 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | FUNDER 1 YEAR | FUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 8. DATE OF BIRTH Male May 26, 1931 WIDOWED [DIVORCED [1Da. USUAL OCCUPATION (Give kind of workdone) 10b. KIND DF BUSINESS OR during most of working life, even if retired. INDUSTRY Lineman—Electrical Cont. None 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Jonesville, Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Claude S. Wilder Hazel Harvel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes. no, or unknown) | (If yes give war or dates of service) Mrs. Betty Lou Wilder Frederick, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: 10 IMMEDIATE CAUSE (e) cremation. **OUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the 60 underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 208. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nuture of injury in Part I or Part II of Item 18.) should sent, pri 3 shou WEDICAL 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, (City or town (County) (State) TIME OF INJURY Month, Day, Year | factory, street, office bldg., etc.) Not While / at work should be 21. I certify that I took charge of the remains described above, held an Autopsy 79. Inquiry and in my opinion Inspection Undetermined manner Natural causes Suicide Homicide X, death resulted from: Accident CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED SIGNATUR 10 DEPUTY MEDICAL EXAMINER D EXAMINER'S director. Address (Street, city, town, or county) NAME (Type) Robert J. Thomas 23d. LDCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 0 Oxford. Maryland Oxford Cemetery 25a. REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Frederick. Maryland VR ALSME (5)

SERVE OF THE PROPERTY OF THE P og delen regene sum Traine Las 2 - 2 10 40 500 1000 Indigent the complete of 1,000,000 The state of the s and the second of the second o ation a post of a visit section the state of the s \$7 YEST 19 27 1929 or 1922 or 192